



ROOT CANAL SPECIALISTS

5000 Davis Lane, Suite 101
Austin, TX 78749
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Date: _____

Patient Name: _____

Referring Doctor: _____

Dr. Pejman Khosravian

Dr. Pedram Khosravian

TREATMENT TO BE PERFORMED:

- Consultation only
- Periapical radiolucency present
- Pulp exposure
- RCT required for proper restoration
- Evaluation for endodontic surgery
- Root canal therapy

RESTORATIVE INSTRUCTIONS:

- Place post and build-up
- Leave post space
- Place temp in access cavity
- Place final restoration in access cavity

TOOTH TO BE EVALUATED

| | | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|---|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | ■ | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | ■ | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

Miscellaneous

- Call me about this case
- Crown and bridge is cemented
 - Temporarily
 - Permanently

SPECIAL INSTRUCTIONS:
