



📤 St. Croix Endodontics, PA

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Blaine Medical Center

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TOLL FREE 1-888-281-2633

Intr	odu	cing	S													
for endodontic consideration of the teeth (or area) indicated.																
Appt. date:								time:						am / pm		
☐ Please evaluate and treat ☐ Please evaluate only																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Upper
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Upper
RIG	НТ													L	EFT	
Pati	ent	will	be	retu	rnec	l to	refe	rrin	g of	fice	for	fina	res	tora	tion	ı.
Req	ues	ts 01	COI	icer	ns:											
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Park Place

25 N. Lake Street, Suite 110 Forest Lake, MN 55025 (651) 464-7388 fax (651) 982-6236

TOLL EDGE 1 000 ((0 07(4

TOLL FREE 1-000-009-0704
Tooth pain is felt with: ☐ Cold ☐ Hot ☐ Percussion ☐ Biting
Area exhibits: 🚨 Oral/Facial Swelling 🚨 Tenderness 🖵 Fistula
☐ Tooth history includes crack / fracture
☐ Patient has vague unlocalized pain in area indicated
☐ X-ray reveals radiolucency
☐ Pulp was exposed or possible exposed
☐ Tooth was opened and temporized
☐ RCT is necessary for restoration
☐ Prior RCT appears to be failing
☐ Please place final restoration in access opening
☐ Please create post space
Referred by Dr
_
Data