



Northstar Endodontic Partners, PLLC

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Introducing: _____ Date: _____

(H) Phone: _____ (W) _____ (C) _____

Referred by Dr. _____ Receptionist _____

APPOINTMENT ON: _____ at _____

For consideration of the following:

ENDODONTICS CONSULTATION

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

- Trauma
- Previous endodontic treatment
- Pulp exposed
- Tooth open for drainage
- Patient has discomfort, please evaluate
- Radiographic findings present
- Bridge /crown cemented
 - Temporarily Permanently

PRETREATMENT:

- Post removal

FINISHING:

- No post space
- Post space only
- Core composite buildup

Comments: _____

