



Dr. Aldo Manzur DDS, MSc, FRCD(C)
Specialist in Endodontics

Dr. Jacqueline Lopez-Gross, DDS, MSc, FRCD(C)
Specialist in Endodontics

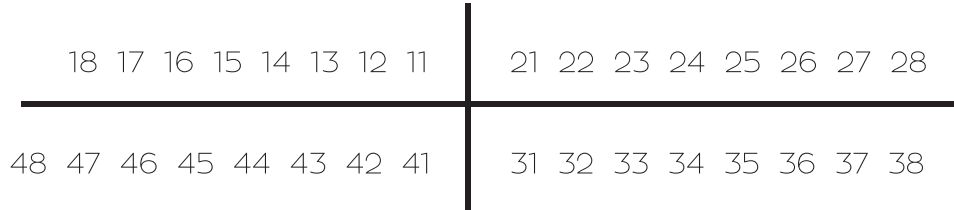
Dr. Manfred Friedman B.D.S (Wits.) B.Ch.D Hons (Pret)
Practice Limited to Endodontics

Referring Doctor: _____

Patient Name: _____ DOB: _____

Address: _____

Telephone: _____ Business: _____ Mobile: _____



| Tooth | Consult only | Consult and Treat | Is it Vital? | Previous RCT? | Date of original treatment |
|-------|--------------------------|--------------------------|--------------|---------------|----------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | Y N Unsure | Y N | |
| | <input type="checkbox"/> | <input type="checkbox"/> | Y N Unsure | Y N | |

Sensitive to: Heat Cold Pressure Percussion Biting/Chewing

Discomfort: Mild Moderate Severe Throbbing Dull ache Sharp Lingering

Meds given: Antibiotic: _____ **Started** _____
Analgesic: _____ **Started** _____

What is the proposed restorative plan for the tooth? (Please circle)

1. A bonded composite/amalgam restoration
2. A crown
3. No plan has been discussed

After completion of the root canal procedure would you like us to? (Please circle)

1. Leave a post space or
2. Place a bonded post and core
3. Fill coronal pulp chamber with glass ionomer to be used as a base

Are there any medical conditions we should be aware of?

Is your patient taking any medications? Y N If yes please specify:

Appointment Date: _____

Time: _____