

DATE _____

PATIENT'S NAME _____

REF. DR. NAME _____

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

POST SPACE YES NO

PULP EXPOSURE YES NO

REMOVE CROWN OR BRIDGE IF PRESENT YES NO

INTENTIONAL RCT YES NO

TEMP FILLING MATERIAL UPON CASE COMPLETION:

REMARKS: _____



PRUDENT ENDODONTICS P.C.

**Dr. Rinku Parmar D.M.D.
Root Canal Therapy & Surgery**

2036 Foulk Road, Suite 203
Foulkwood
Wilmington, DE 19810

Ph. 302-475-3803 Fx. 302-475-3403
www.prudentendo.com
prudentendodontics@gmail.com