



QUALITY • COMPASSION

Zane M. Lambert, DMD

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Referring Doctor

\_\_\_\_\_  
Tooth #

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please circle teeth 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

Patient is being referred for the following:

- Evaluation Only     
  Root Canal Therapy     
  Retreatment     
  3D Scan  
 Endodontic Surgery     
  Oral or IV Sedation     
  Other: \_\_\_\_\_

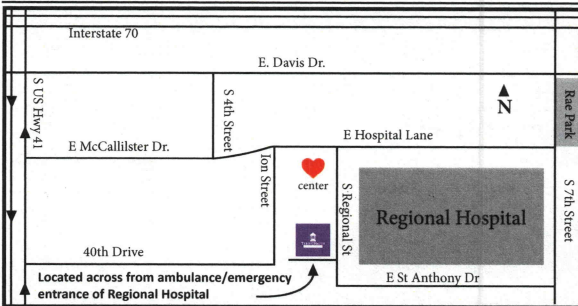
Patient presents with the following conditions:

- Diffuse Pain     
  Swelling or Sinus Tract     
  Periapical Lesion  
 Resorption Defect     
  Trauma     
  Pulpotomy/Pulpectomy completed  
 Root Canal Therapy could not be completed due to: \_\_\_\_\_  
 Suspected Cracked Tooth or Root Fracture     
  Other: \_\_\_\_\_

When treatment is complete:

- Place an appropriate access restoration     
  Place a temporary restoration  
 Place post and core build-up as needed     
  Prepare a post space

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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If you are unable to keep this appointment kindly give 24 hours notice. Thank you.