



HEIGHTS ENDODONTICS

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www.HeightsEndo.com

Patient Name: _____ Date: ____/____/____

Referred By: _____ Phone #: _____

Please Circle the Involved Teeth

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

For:

- ☐ Consultation Only
- ☐ Consultation and Treatment
- ☐ Intentional Treatment
- ☐ CBCT

Existing Restoration:

- ☐ Permanent Crown
- ☐ Permanent Crown w/Temp Cement
- ☐ Temp Crown/Filling

Restorative Request:

- ☐ Temp
- ☐ Orifice Barrier
- ☐ Core Build-Up
- ☐ Post and Core Build-Up

Comments:

