

ENDODONTIC GROUP, PC

KEVIN P. BRYANT, DMD

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(423) 267-1853

PATIENT _____

TOOTH # _____

HOME PHONE (_____) _____

WORK PHONE (_____) _____

CELL PHONE (_____) _____

APPOINTMENT DATE _____

SYMPTOMS:

PRESSURE SENSITIVE

HOT/COLD SENSITIVE

FISTULA

SWELLING

REASON FOR REFERRAL:

RCT RETREATMENT

CONSULTATION ONLY

RADIOGRAPHS

EMAILED OR MAILED

GIVEN TO PATIENT

RESTORATIVE INSTRUCTIONS:

PLACE BUILD-UP

PLACE TEMPORARY FILLING IN ACCESS

PLACE PERMANENT FILLING IN ACCESS

PLACE POST AND BUILD-UP

LEAVE POST SPACE

MISCELLANEOUS:

CALL ME ABOUT THIS CASE

CROWN/BRIDGE IS CEMENTED

TEMPORARILY PERMANENTLY

MEDICAL ALERT _____

WE HAVE PRESCRIBED _____

REMARKS _____

DR. _____ DATE _____