



CITY ENDODONTICS P.L.L.C.
Marcus Johnson DDS, MSD

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30 EAST 40TH STREET SUITE 106

NEW YORK, NY 10016

(646) 201-9656

PATIENT: _____

APPOINTMENT DATE: _____

PLEASE CIRCLE TEETH FOR ENDODONTIC CONSIDERATION

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

COMMENTS: _____

REFERRED BY DOCTOR: _____ DATE: _____

PERTINENT INFORMATION

- Patient has pain, swelling, or sensitivity, please evaluate.
- X-ray reveals radiolucency.
- X-ray reveals pulpal involvement.
- RCT is necessary for restoration.
- Pulp was exposed or possibly exposed.
- Evaluate for retreatment or apicoectomy.
- Prepare post space.
- Other: _____
