

Louis W. Susi DDS, MS
Daniel S. Stentz DDS, MS
Daniel P. Magness DDS, MS
Vicki M. Houck DDS, MS
Saadia Bukhari DDS, MS

Columbus Endodontic Specialists

cbusendo.com

145 Reynoldsburg-New Albany Rd, Suite 100
 Blacklick, Ohio 43004
 614 577 1100 • office@cbusendo.com

45 Huber Village Blvd,
 Westerville, OH 43081
 614 882 8000 • westerville@cbusendo.com

Patient Name: _____

Tooth #: _____

Referred by Dr. _____

Date referred: _____

Radiograph sent? Email with patient

Appointment

Date: _____ Time: _____

The patient will return to referring dentist for final restoration (filling, onlay, crown).

Evaluation Treatment tooth #: _____

Endodontic treatment tooth #: _____

Patient is having pain, swelling, or sensitivity. Please evaluate

Pulp was exposed.

Vital:

Nonvital:

Radiograph reveals pathology.

Please prepare post space.

Tooth has already been opened.

Patient on Rx:

Other information:

