

NAME:

ENDO

EVALUATION	TOOTH	SUBJECTIVE SYMPTOMS	FINDINGS (EO+IO exam, Radiographic exam)				TESTS relative to:						
			SOFT TISSUES	<input type="checkbox"/> WNL	<input type="checkbox"/> swollen	<input type="checkbox"/> fistula	palp:[]	PERC	-	+	++	?	
			TOOTH	mob:[]	caries:[]	<input type="checkbox"/> DPC	<input type="checkbox"/> IPC	<input type="checkbox"/> cracked	COLD	N	+	-	?
			CANAL SYSTEM	<input type="checkbox"/> RL	<input type="checkbox"/> calcified	<input type="checkbox"/> stones	anatomy[]	HOT	N	+	-	?	
			PERIAPICAL AREA	<input type="checkbox"/> WNL	<input type="checkbox"/> RL	<input type="checkbox"/> RL+	<input type="checkbox"/> RO	EPT	+		-	?	
		GENERAL	<input type="checkbox"/> bruxer	<input type="checkbox"/> missing teeth	CariesIndex:[]		CAVITY	+		-			
		PERIO	probing:[]	furc[]	PerioIndex:[]								
OTHER:													

PRE-TX ASSESSMENT	PULPAL Dx	APICAL Dx	POSSIBLE ETIOLOGY		PROGNOSIS				
	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> caries	<input type="checkbox"/> idiopathic		G	F	R	P
	<input type="checkbox"/> pulpitis -> <input type="checkbox"/> revrsbl <input type="checkbox"/> irrevrsbl	<input type="checkbox"/> periodontitis -> <input type="checkbox"/> symp <input type="checkbox"/> asymp	<input type="checkbox"/> restoration	<input type="checkbox"/> recontam	ENDO				
	<input type="checkbox"/> necrotic <input type="checkbox"/> pr.tx <input type="checkbox"/> pr.init	<input type="checkbox"/> abcess -> <input type="checkbox"/> acute <input type="checkbox"/> chronic	<input type="checkbox"/> abrasion	<input type="checkbox"/> trauma	PERIO				
<input type="checkbox"/> resorption: probability 1 - - - 5 - - - 9	probability 1 - - - 5 - - - 9	probability 1 - - - 5 - - - 9	probability 1 - - - 5 - - - 9	REST					

Possible Diagnosis, Etiology, Prognosis, and Complications explained to the patient, and treatment consent obtained.

TREATMENT	DATE	RUBBER DAM	CARIES REM	BUILD UP	ACCESS	CLEAN	SHAPE	FINAL FILL	TEMPORARY CANAL MED	ACCESS FILL MATERIAL(S)	INSTRUMENTATION	FILE TYPE USED				
													cor 1/3	mid 1/3	apic 1/3	
PRE-Tx ASSESSMENT VISUALLY CONFIRMED? <input type="checkbox"/> YES <input type="checkbox"/> NO:												CBCT	pa	bw	EAL	
												pre-op				
												per-op				
												post-op				

METHODOLOGY	CANAL	REFRNC	LENGTH	SIZE init	SIZE final	IRRIGATION	FINAL SOAK	U/S "	FILL	METHOD
						<input type="checkbox"/> NaOCl	<input type="checkbox"/> NaOCl		<input type="checkbox"/> GP	<input type="checkbox"/> WVC
						<input type="checkbox"/> EDTA 17%	<input type="checkbox"/> EDTA 17%		<input type="checkbox"/> Resilon	<input type="checkbox"/> Cold Lat
						<input type="checkbox"/> CHX 2%	<input type="checkbox"/> CHX 2%		<input type="checkbox"/> Sealapex	<input type="checkbox"/> Squirt
						<input type="checkbox"/>	<input type="checkbox"/> MTAD		<input type="checkbox"/> AH-26	<input type="checkbox"/> System A
						Lubricant:	<input type="checkbox"/> Ethanol		<input type="checkbox"/> AH-plus	<input type="checkbox"/> ContWave
						<input type="checkbox"/> Irrigation			<input type="checkbox"/> Roth's	<input type="checkbox"/> SingleCone
					<input type="checkbox"/> RC prep			<input type="checkbox"/> BC Sealer	<input type="checkbox"/> Sealer only	
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> Carrier	
									<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL NOTES	

RECALLS	DATE	
	RESTORATION	
	PERC	
	PALP	
	X-RAY type	
STATUS		