

**J. TIM RUSSIN, D.D.S., P.A.**

Diplomate, American Board of Endodontics

123 North Oakwood Avenue  
 Brandon, Florida 33510  
 (813) 684-6509 • Fax (813) 685-9447  
 www.russindds.com

DATE: \_\_\_\_\_

Introducing \_\_\_\_\_  
 for endodontic consideration. Patient will be returned to referring  
 dentist for final restoration.

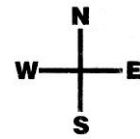
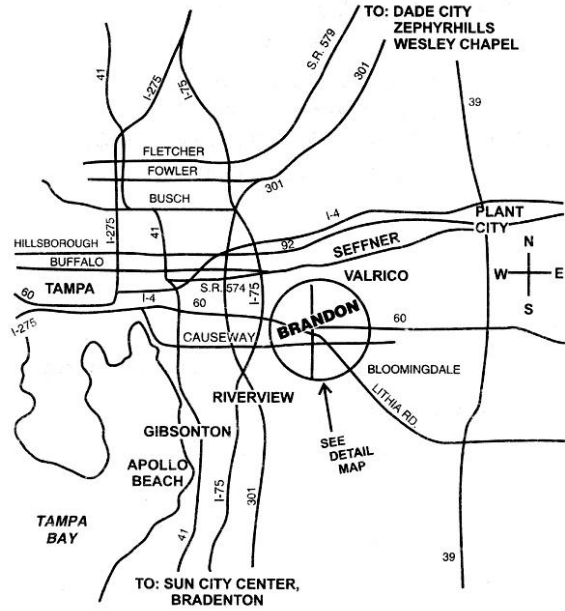
Referred by Dr. \_\_\_\_\_

	Molars		Bicus Pids		Anteriors		Anteriors		Bicus Pids		Molars						
Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Upper
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Left
																	Lower

(CIRCLE TEETH FOR ENDODONTIC CONSIDERATION)

**TO BE FILLED IN BY DENTIST**

- Endodontics necessary for proper restoration.
- X-ray or treatment revealed pulpal exposure.
- X-ray revealed:  radiolucency  radiopacity
- Patient has vague toothache, please evaluate.
- Patient has localized pain, swelling, or sensitivity.
- Patient needs endodontic retreatment.
- Patient needs bleaching procedure.
- Please evaluate for surgical procedure:
  - Apicoectomy
  - Root amputation
  - Other
- Restorative requests:
  - Post space
  - Post and core buildup
  - Cast gold post and core
  - Evaluate restorability
- Sedation:  N2O  Oral  IV
- Other: \_\_\_\_\_



Directions, maps, forms  
 services, and information at:  
[www.russindds.com](http://www.russindds.com)



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 BRANDON, FL 33510**