



Round Rock

ROOT CANAL SPECIALISTS

503 East Palm Valley Blvd,
Bldg #1, Suite #120
Round Rock, TX 78664
www.roundrockendo.com
P: 512-271-6591
F: 512-879-9056

Date: _____

Patient Name: _____

Referring Doctor: _____

Dr. Pejman Khosravian

Dr. Pedram Khosravian

TREATMENT TO BE PERFORMED:

- Consultation
- Periapical radiolucency present
- Pulp exposure
- RCT required for proper restoration
- Evaluation for endodontic surgery
- Root canal therapy

RESTORATIVE INSTRUCTIONS:

- Place post and build-up
- Leave post space
- Place temp in access cavity
- Place final restoration in access cavity

TOOTH TO BE EVALUATED

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

Miscellaneous

- Call me about this case
- Crown and bridge is cemented
 - Temporarily
 - Permanently

SPECIAL INSTRUCTIONS:
