

Gael M. Delany, D.D.S., M.S.D.  
Julian Moiseiwitsch, B.D.S., Ph.D.

ENDODONTICS

5225 Wisconsin Avenue, N.W.

Suite 303

Washington, D.C. 20015

TEL: 202-364-0234 FAX: 202-364-0563

Patient: \_\_\_\_\_

Appointment: \_\_\_\_\_  
Day Date Time

Endodontic evaluation/treatment of Tooth # \_\_\_\_\_

\_\_\_\_\_ is requested.  
(Name-Location)

- Endodontics necessary for proper restoration.
- Pulp was exposed and was vital.     Nonvital
- Suspect cracked tooth.
- Tooth is opened for drainage.
- X-ray revealed radiolucency/pulpal involvement.
- Patient has vague toothache; please evaluate.
- Patient has pain, swelling or sensitivity; please evaluate.
- Possible combined perio-endo lesion.
- Post space requested       NO Post space

Remarks: \_\_\_\_\_

\_\_\_\_\_

Dr.

Date

Remarks

(continued): \_\_\_\_\_

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