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Date _____ Referred by D r _____

Patient Name _____

Tooth/Teeth/Area _____

Patient Needs:

- Evaluation/Consultation only
- Evaluation with treatment, if needed
 - Carious pulpal exposure
 - X-ray revealed radiolucency
 - RCT has been initiated
 - Endodontic treatment
 - Endodontic retreatment
 - Apicoectomy
- Prophylatic/intentional endodontic treatment for restorative /periodontal procedure
- CBCT Scan

After endodontic treatment(s):

- Temporary filling
- post space preparation
- Post and Core
- Build up for crown
- Permanent restoration on existing access

Post space: _____mm

Remark/Special instructions:

