



**Superior Endodontics**  
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Introducing: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Referred by Dr: \_\_\_\_\_ Receptionist: \_\_\_\_\_

**Appointment on:** \_\_\_\_\_ **at** \_\_\_\_\_ **Office:** \_\_\_\_\_

For Endodontic consideration of the following:

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

**History:**

- |  |  |
|--|--|
| <input type="checkbox"/> Pulp exposed                            | <input type="checkbox"/> Trauma                        |
| <input type="checkbox"/> Tooth open for drainage                 | <input type="checkbox"/> Previous endodontic treatment |
| <input type="checkbox"/> Patient has discomfort, please evaluate | <input type="checkbox"/> Bridge/crown treatment        |
| <input type="checkbox"/> Radiographic findings present           | <input type="checkbox"/> Temporarily                   |
|  | <input type="checkbox"/> Permanently                   |

**Pretreatment:**

- Banding
- Post removal

**Finishing:**

- No post space
- Post space only
- Para post
- Cast post
- C post

- Core composite buildup
- Post & core buildup
- Cotton with IRM
- Cotton with zinc Phosphate

**Comments:**