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**PRACTICE LIMITED TO ENDODONTICS**

Diplomate, American Board of Endodontics



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## Introducing \_\_\_\_\_ for Consideration of Endodontic Treatment

Date \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

### PERMANENT DENTITION

1	2	3	4	5	6	7	8
32	31	30	29	28	27	26	25

9	10	11	12	13	14	15	16
24	23	22	21	20	19	18	17

### PRIMARY DENTITION

A	B	C	D	E
T	S	R	Q	P

F	G	H	I	J
O	N	M	L	K

#### Treatment Requested:

- ☐ Consultation and Diagnosis only
- ☐ Examine and Treat as necessary
- ☐ Intentional Endodontic Treatment

Reason: \_\_\_\_\_

- ☐ Post Space(s) Required
- ☐ Internal Tooth Whitening
- ☐ Surgical Treatment
  - ☐ Apicoectomy w/Retrograde Fill
  - ☐ Hemisection
  - ☐ Root Amputation

#### History:

- ☐ Pulp exposure
- ☐ Trauma/Fracture
- ☐ Previous Endo Tx

Date: \_\_\_\_\_

- ☐ Orthodontic Tx
- ☐ Other: \_\_\_\_\_

Comments \_\_\_\_\_

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**Thank You!**