

# LAFAYETTE **LE** ENDODONTICS

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*Practice Limited to Endodontics*

**Valley Oaks Building**

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*(map on back)*

Referred by Dr. \_\_\_\_\_

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

Introducing My Patient: \_\_\_\_\_

Appointment date: \_\_\_\_\_

- Patient has pain, swelling or sensitivity. Please evaluate and treat.
- Tooth needs interceptive endodontics
- Tooth has pulp exposure
- Tooth has been opened
- X-ray revealed a radiolucency
- X-ray revealed pulpal involvement.
- Please evaluate for periapical surgery
- Need post space

	Molars		Bicuspid		Anteriors		Anteriors		Bicuspid		Molars						
<i>right</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<i>upper</i>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	<i>lower</i>

*(circle teeth for endodontic consideration)*

comments: \_\_\_\_\_

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**A charge will be made for broken appointments unless notice is given 24 hours in advance.**

