

Endodontic Therapy Record Tooth # _____ (ENDO) _____
Date

Patient Name _____

Antibiotic Premedication:

Not Indicated
 Indicated
 Verified
BLACK/BLUE

Anesthetic Carpules Used:

1 2 3 4 5 6 2% Lidocaine w/ 1/100,000 epinephrine (RED)
 1 2 3 4 5 6 2% Lidocaine w/ 1/50,000 epinephrine (GREEN)
 1 2 3 4 5 6 0.5% Bupivacaine w/ 1/20,000 epinephrine (MARCAINE—)
 1 2 3 4 5 6 3% Mepivacaine w/o vasoconstrictor (CARBOCAINE—WHITE)
 1 2 3 4 5 6 2% Mepivacaine w/ 1/200,000 neo-cobefrin (CARBOCAINE—BLACK/BROWN)
 1 2 3 4 5 6 2% Prilocaine w/ 1/100,000 epinephrine (CITANEST FORTE)

Anesthetic Fields:

Blocks:

R L Inferior Alveolar (IAB)
 R L Long Buccal (LB)
 R L Lingual Block (L)
 R L Posterior Superior Alveolar (PSA)
 R L Greater Pallatine (GP)
 R L Incisal (I)
 R L Gow-Gates (GG)

Stabident or X-tip Infiltrations:

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

Periodontal Ligament Infiltrations (PDL):

Adult # 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
 Pedo # A B C D E F G H I J
 T S R Q P O N M L K

Buccal or Lingual Infiltrations:

Adult # 3 4 5 6 7 8 9 10 11 12 13 14
 Pedo # A B C D E F G H I J
 T S R Q P O N M L K

Analgesia:

Oral Medication:
 Nitrous Oxide

Isolation:

Rubber Dam
 Oxygen
 Cotton Rolls

Preparation:

Access Preparation Canals Located 1 2 3 4 NaOCl and RC Prep NiTi Rotary Gates Glidden 2 3 4 5 Ultrasonic

Preoperative Film Length Estimation:

--Single-- --Double-- --UpperMolar-- --LowerMolar--
 B: ___ L: ___ MB: ___ DB: ___ L: ___ MB: ___ ML: ___ D: ___

Electronic Measured Length:

--Single-- --Double-- --UpperMolar-- --LowerMolar--
 B: ___ L: ___ MB: ___ DB: ___ L: ___ MB: ___ ML: ___ D: ___

Radiographic Measured File Length:

--Single-- --Double-- --UpperMolar-- --LowerMolar--
 B: ___ L: ___ MB: ___ DB: ___ L: ___ MB: ___ ML: ___ D: ___

Working Length Intended:

--Single-- --Double-- --UpperMolar-- --LowerMolar--
 B: ___ L: ___ MB: ___ DB: ___ L: ___ MB: ___ ML: ___ D: ___

Final Hand Instrumented Length Achieved:

--Single-- --Double-- --UpperMolar-- --LowerMolar--
 B: ___ L: ___ MB: ___ DB: ___ L: ___ MB: ___ ML: ___ D: ___

Obturation:

Canals Dried Core Paste/Ionomer Buildup Sealer Applied (Thermaseal)
Obtured with: DensfillPlastic TherafillMetal SoftCorePlastic WarmGuttaPercha VerticalLateral Obtura Other:

Post Operative Radiograph Temporary Stopping: Cavit IRM

Prognosis: Excellent Good Fair Poor

Suggested Permanent Restoration:

Notes:

RTO: Procedure(s): _____ ASAP 1 2 3 4 5 6 Days Weeks Months



App't on Dentrix List

Doctor _____ Notation _____