

UNIVERSITY OF NORTH CAROLINA
SCHOOL OF DENTISTRY
DEPARTMENT OF ENDODONTICS
Diagnosis & Treatment Worksheet

PATIENT NAME: _____ RECORD #: _____

TOOTH #: _____ DATE: _____ Student: _____ Faculty: _____

(complete 1 sheet for each involved tooth)

Referred By: _____

A: Medical History

Chief Complaint:

Med Hx:

Vital Signs:

Allergies:

Medications:

B: Subjective Evaluation

HPI

☐ Hx Impact Trauma (Type):
When?:

☐ Prior Pulp Tx:
When, By Whom?:

☐ Hx Prior Restorations:

☐ Other Significant Hx:

Current Symptoms

Pain Present: ☐ Yes ☐ No

Cold Rxn: Intensity: Localization: Intensified By:

Hot Rxn: Duration: Spontaneous: Relieved By:

Mastication Rxn: Character: Description:

Factors that may affect diagnostic testing:

C: Objective Signs and Tests (See Table on Right)

Extra/Intra Oral Exam

☐ Normal

☐ Fluctuant☐ Non-Fl

☐ Asymmetry

☐ Extraoral Swelling

Space Involved _____

☐ Localized☐ Diffuse

☐ TMJ Symptoms

☐ Intraoral Swelling

Site _____

☐ Lymphadenopathy

☐ Cancerous Lesion

☐ Rapidly Progressing Cellulitis

☐ Malaise ☐ Trismus

☐ Other _____

☐ Fever Temp _____

Sinus Tract

☐ Absent ☐ Present ☐ GP Tracing

Location: _____

Assoc Tooth: _____

Anesthetic Test Performed?

☐ Yes ☐ No. Result: _____

Photographs ☐ Yes ☐ No

E: Pre-Operative Diagnosis, Case Difficulty, Etiology, Prognosis

Pre-Op Pulp & Periradicular Dx:

Radiographic/Clinical Difficulties:

Problem(s) With Other Teeth?

Suspected Etiologies:

If In Pvt Practice, Would Refer This Case?

☐ Yes ☐ No. If Yes, Why?

Pre Tx Prognosis. Why?

☐ Favorable

☐ Questionable

☐ Unfavorable

F: Factors Affecting Ability to Diagnose

Is partial/total restoration removal necessary to determine Diagnosis?

☐ Yes ☐ No

☐ Pulp Exposure ☐ No Pulp Exposure ☐ Vital Pulp ☐ Necrotic Pulp

Is partial/total caries removal necessary to determine Diagnosis?

☐ Yes ☐ No

☐ Pulp Exposure ☐ No Pulp Exposure ☐ Vital Pulp ☐ Necrotic Pulp

Is partial/total fracture removal necessary to determine Diagnosis?

☐ Yes ☐ No

☐ Pulp Exposure ☐ No Pulp Exposure ☐ Vital Pulp ☐ Necrotic Pulp

Is test cavity necessary to determine Post-Operative Diagnosis?

☐ Yes ☐ No

☐ Response Before Entering Pulp ☐ Response After Entering Pulp ☐ No Response

Is caries and/or restoration removal necessary to determine Restorability?

☐ Yes ☐ No

☐ Restorable ☐ Non-Restorable ☐ Questionable Restorability

Consult Obtained?

☐ Yes ☐ No. Findings:

G: Post-Operative Confirmed Diagnosis, Etiology, Treatment Plan

Confirmed Pulp & Periradicular Dx:

Confirmed Etiology:

Tx Plan

Urgency/Emergency Plan:

Endodontic Definitive Procedure:

Periodontic Definitive Procedure:

Restorative Definitive Procedure:

Re-Evaluation (Endo Recall) Interval:

Treatment Alternatives:

Tooth #	Example #8						
D:Test							
Discoloration	None (—), Yellow, Brown, Grey, Black, etc.						
Restoration	No, Lost, Missing Tooth, Implant, Impacted, Amal, Comp, GI, IRM, Cavit, Acrylic Temp, Gold, PFM						
Occlusion	Normal, Out, No Opposing, Hyper, Class II, III, End-On						
Caries	Absent (-), Present (+), Undetermined (?)						
Explorer Tine	+, ++, —, NA, +del, +quick						
Air Blast	+, ++, —, NA, +del, +quick						
Periodontal Probing	5 MB						
<input type="checkbox"/> Normal (≤ 3mm) <input type="checkbox"/> Isolated <input type="checkbox"/> Generalized <input type="checkbox"/> Significant Periodontitis Description:	7bop B						
	DB						
	DL						
	L						
	ML						
	M						
	D						
Mobility	No, Class I, II, III						
Percussion	None (—), Mild (+), Mod (++), Severe (+++)						
Palpation	None (—), Mild (+), Mod (++), Severe (+++)						
EPT	+, ++, —, NA, +del, +quick						
Cold	<input type="checkbox"/> CO2 <input type="checkbox"/> H2O Ice <input type="checkbox"/> H2O Cold Liquid <input type="checkbox"/> Endo Ice <input type="checkbox"/> Ethyl Chloride						
Duration	Short (-), Prolonged (+)						
Hot	<input type="checkbox"/> Hot GP/Vaseline <input type="checkbox"/> Dry Rubber Prophyl <input type="checkbox"/> H2O Hot Liquid <input type="checkbox"/> Heated Instrument						
Duration	Short (-), Prolonged (+)						
Longitudinal Fracture	None (-), Craze Line, Cuspal Fx, Cracked Tooth, Split Tooth, VRFx (Include Cusp/Ridge Involved)						
Bite Test	<input type="checkbox"/> Tooth Sleuth <input type="checkbox"/> Cotton Tip <input type="checkbox"/> Burlew Wheel <input type="checkbox"/> Lateral Percussion <input type="checkbox"/> Angled Percussion						
Radiographic Eval	Normal Periradicular, Apical Radiolucency, Apical Radiopacity, Widened PDL, Furcal Radiolucency, Lateral Radiolucency, Apical Root Resorption, External Root Resorption, Internal Root Resorption, Cervical Root Resorption, Root Canal Filling Present, Intracanal Post Present, Previous Apical Surgery						

H: TREATMENT RECORD

Ca-nal	Ref Cusp	EWL (mm)	Canal Negotiation (yes/no)	WL File Size (usu. SS)	CWL (mm)	Last K3 File Size (at CWL-2)	AGF File Size (usu. NiTi)	AGF File Length (mm)	AWL (mm)	Apical Prep (Stop Seat Open)	MAF File Size (usu. NiTi)	MAF File Length (mm)	Obturation Acceptable (yes/no)

Suggestions for Thought

B: Impact Trauma Type

- ☐ No hx of trauma.
- ☐ Pt Denies hx of trauma.
- ☐ Pt Cannot Recall hx of trauma.
-
- ☐ Hx of Trauma, But Specific Type Unknown.
-
- ☐ Concussion
 - ☐ Subluxation
 - ☐ Lateral Luxation
- ☐ Extrusion
- ☐ Intrusion
- ☐ Avulsion
- ☐ Crown Fracture with No Exposure
- ☐ Crown Fracture with Exposure
- ☐ Root Fracture Diagonal
- ☐ Root Fracture Horizontal

B: Prior Pulp Treatment

- ☐ No hx prior pulp tx.
-
- ☐ Prior caries hx.
- ☐ Carious exposure hx.
- ☐ Mechanical exposure hx.
-
- ☐ Prior Direct Pulp Cap hx.
- ☐ Prior Indirect Pulp Cap hx.
-
- ☐ Pulpotomy hx.
- ☐ Pulpectomy hx.
- ☐ RCT (Canals Instrumented) hx.
- ☐ RCT (Completed) hx.
-
- ☐ Incision & Drainage hx.
- ☐ Surgical RCT hx.
- ☐ Surgical Adjunctive RCT hx.

B: Other Significant History for HPI

- ☐ No other significant hx.
-
- ☐ Pt states swelling present.
- ☐ Pt states hx of swelling.
-
- ☐ Orthodontic Movement hx.
- ☐ Crown Lengthening hx.
- ☐ Dental Surgery hx.
-
- ☐ Previous warning of fracture by Dentist.
- ☐ History of broken teeth.
- ☐ Recent facial trauma.
-
- ☐ Discoloration.
- ☐ Wear Facets.
- ☐ Malocclusion.
- ☐ Traumatic Occlusion.
- ☐ Class V Restoration.
-
- ☐ Non-Endodontic Pathosis.
- ☐ Retained Primary Tooth.
- ☐ Periodontal Bone Loss.
- ☐ Gingival Recession.
-
- ☐ Xerostomia.
- ☐ Oral Facial Pain
- ☐ Other _____

B: Factors Affecting Testing

- ☐ No factors determined to affect diagnostic testing.
-
- ☐ Patient already anesthetized.
- ☐ Patient already has had root canal treatment.
- ☐ Patient recently took an analgesic.
-
- ☐ Patient extremely anxious.
- ☐ Patient not a good historian.
- ☐ Patient not mentally capable.
- ☐ Patient not emotionally capable.
- ☐ Patient reluctant to cooperate.
-
- ☐ Language barrier.
-
- ☐ Medical condition mimicking tooth pain.
- ☐ Sinus condition/problem/infection.
- ☐ Patient has excessive saliva.
- ☐ Other _____

B: Cold/Hot/Mastication Reaction

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

C: Extraoral Swelling Space Involved

- ☐ R/L Buccal Space
- ☐ R/L Canine Space
- ☐ R/L Infratemporal Space
-
- ☐ R/L Submental Space
- ☐ R/L Sublingual Space
- ☐ R/L Submandibular Space
-
- ☐ Masseteric Space
- ☐ Pterygomandibular Space
- ☐ Superficial & Deep Temporal Space
- ☐ Lateral Pharyngeal Space
- ☐ Retropharyngeal Space
- ☐ Prevertebral Space

C: Intraoral Swelling Site

- ☐ Buccal Vestibule
- ☐ Palate
- ☐ Lingual Floor
- ☐ Buccal Gingiva
- ☐ Lingual Gingiva

D: Periodontal Probing Description

- ☐ Plaque
- ☐ Calculus
- ☐ Bleeding On Probing (bop)
- ☐ Furcation Involvement
- ☐ Horizontal Bone Loss
- ☐ Vertical Bone Loss
- ☐ Other _____

B: Pain Intensity

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

B: Pain Duration

- ☐ Short pain duration.
- ☐ Prolonged pain duration.

B: Pain Character

- ☐ Intermittent pain character.
- ☐ Continuous pain character.

B: Pain Localization

- ☐ Localized pain.
- ☐ Diffuse pain.
- ☐ Radiating pain.
- ☐ Referred pain.

B: Pain Spontaneous

- ☐ No spontaneous pain.
- ☐ Spontaneous pain.

B: Pain Description

- ☐ Pricking pain description.
- ☐ Stinging pain description.
- ☐ Sharp pain description.
- ☐ Dull pain description.
- ☐ Sore pain description.
- ☐ Stabbing pain description.
- ☐ Excruciating pain description.
- ☐ Burning pain description.
- ☐ Aching pain description.
- ☐ Throbbing pain description.
- ☐ Pressing pain description.
- ☐ Annoying pain description.
- ☐ Itching pain description.
- ☐ Ice Cream Headache pain description
- ☐ Other _____

B: Pain Intensified By

- ☐ Nothing intensifies pain.
-
- ☐ Hot intensifies pain.
- ☐ Cold intensifies pain.
- ☐ Air intensifies pain.
- ☐ Sweet intensifies pain.
- ☐ Sour intensifies pain.
- ☐ Chewing intensifies pain.
- ☐ Pressure intensifies pain.
- ☐ Tapping intensifies pain.
-
- ☐ Food impaction intensifies pain.
- ☐ Brushing intensifies pain.
-
- ☐ Bending over intensifies pain.
- ☐ Laying down intensifies pain.
- ☐ Walking intensifies pain.
- ☐ Yawning intensifies pain.
- ☐ Other _____

B: Pain Relieved By

- ☐ Pain subsides on its own.
- ☐ Nothing relieves pain.
-
- ☐ Hot relieves pain.
- ☐ Cold relieves pain.
- ☐ Air relieves pain.
- ☐ Analgesics relieve pain.
- ☐ Antibiotics relieve pain.
- ☐ Covering tooth relieves pain
- ☐ Other _____

E/G: Pulp Diagnoses

- ☐ Normal Pulp (NP)
- ☐ Reversible Pulpitis (RP)
- ☐ Symptomatic Irreversible Pulpitis (SIP)
- ☐ Asymptomatic Irreversible Pulpitis (AIP)
- ☐ Pulp Necrosis (PN)
- ☐ Previously Treated (PT)
- ☐ Previously Initiated Therapy (PIT)
-
- ☐ Inconclusive Pulpal Diagnosis
- ☐ Unable to Determine Until Caries/Restoration
- ☐ Contradictory Findings
- ☐ Pulpal Diagnosis Not Confirmed

E/G: Periradicular Diagnoses

- ☐ Normal Apical Tissues (NAT)
- ☐ Symptomatic Apical Periodontitis (SAP)
- ☐ Asymptomatic Apical Periodontitis (AAP)
- ☐ Acute Apical Abscess (AAA)
- ☐ Chronic Apical Abscess (CAA)
- ☐ Condensing Osteitis (CO)
-
- ☐ Non-Endodontic Pathosis
- ☐ Inconclusive Periradicular Diagnosis
- ☐ Periapical Diagnosis Not Confirmed

E: Prognosis Not Favorable

- ☐ Non-restorable tooth.
- ☐ Fractured tooth.
- ☐ Periodontal concerns.
- ☐ Traumatic involvement.
- ☐ Resorptive defect.
- ☐ Perforation.
- ☐ Bleaching may not remove discoloration.
- ☐ Discoloration may recur.
-
- ☐ Access inadequate.
- ☐ Undebridged canal space.
- ☐ Unobturated canal space.
- ☐ Overfilled obturation.
- ☐ Underfilled obturation.
- ☐ Extruded sealer.
-
- ☐ Missed canal.
- ☐ All canals not located.
- ☐ All canals not negotiated.

- ☐ Irretrievable post.
- ☐ Canal Blockage.
- ☐ Separated Instrument.
- ☐ Canal Curvature.
-
- ☐ Unknown etiology.
- ☐ Prior RCT problem not corrected.
- ☐ Other _____

E: Why I Would Refer

- ☐ No endodontic treatment required.
- ☐ Nonrestorable tooth requiring extraction.
-
- ☐ Student has no time to treat, so will refer.
- ☐ End of Semester, will refer pt.
- ☐ Pt will not return for scheduled appointments, so will refer.
- ☐ Pt will not return for scheduled appointments, so will dismiss pt.
-
- ☐ Patient management difficult, so will refer.
-
- ☐ Case Difficulty Isolation.
- ☐ Case Difficulty Access.
- ☐ Case Difficulty Canal Orifice Location.
- ☐ Case Difficulty Canal Negotiation.
- ☐ Case Difficulty Perforation.
- ☐ Case Difficulty Resorptive defect.
- ☐ Case Difficulty Ledged Canal.
- ☐ Case Difficulty Separated Instrument.
- ☐ Case Difficulty Irretrievable Post.
- ☐ Case Difficulty Canal Blockage.
- ☐ Case Difficulty Canal Curvature
- ☐ Case Difficulty Fractured Tooth.
- ☐ Case Difficulty Prior RCT.
- ☐ Case Difficulty Periodontal concerns.
- ☐ Case Difficulty Traumatic Involvement.
- ☐ Case Difficulty General.
-
- ☐ Requires referral for endodontic specialist evaluation.
- ☐ Requires referral for surgical treatment.
- ☐ Uncertain of diagnosis, so will refer.
- ☐ Finances a concern, so will refer.
-
- ☐ Patient denies treatment, so will refer.
- ☐ Patient non-compliant, so will refer.
- ☐ Patient prefers specialist, so will refer.
- ☐ Other _____

G: Tx Plan Urgency/Emergency

- ☐ No Emergency/Urgency tx needed.
-
- ☐ Palliative Treatment.
- ☐ Sedative Restoration.
- ☐ Occlusal Reduction.
- ☐ Cusp Removal.
- ☐ Extracoronaral Stabilization (ie. ortho band).
- ☐ Temporary post &/or restoration for esthetics.
-
- ☐ Pulpotomy.
- ☐ Pulpectomy.
- ☐ Partial Pulpectomy.
-
- ☐ Debridement.
- ☐ Debridement and I&D.
- ☐ I&D Only.
- ☐ Aspiration to rule out hematologic lesion.
- ☐ Aspiration for culture.
-
- ☐ Replantation of avulsed tooth.
- ☐ Repositioning of traumatized tooth.
- ☐ Splinting of traumatic injury.
-
- ☐ Cortical Trephination.
- ☐ Emergency surgical procedure.
- ☐ Steroid injection.
-
- ☐ Extraction.
-
- ☐ Referral.

G: Treatment Alternatives

- ☐ No Treatment
- ☐ Sedative Treatment of Vital Pulp
-
- ☐ Pulp Cap Direct
- ☐ Pulp Cap Indirect
- ☐ Pulpotomy
- ☐ Pulpectomy
- ☐ Root Canal Treatment
- ☐ Root Canal Re-Treatment
-
- ☐ Root End Resection w/ Root End Filling
- ☐ Root End Resection w/o Root End Filling
- ☐ Root Resection (Root Amputation)
- ☐ Hemisection
- ☐ Re-Implantation
- ☐ Intentional Replantation
- ☐ Transplantation
-
- ☐ Combined Endodontic/Periodontic Treatment
- ☐ Orthodontic Extrusion
- ☐ Surgical Crown Lengthening
- ☐ Perforation Repair Internal
- ☐ Perforation Repair External
-
- ☐ Apexogenesis
- ☐ Apexification
-
- ☐ Bleaching Internal
- ☐ Bleaching External
-
- ☐ Endodontic Implant
- ☐ Calcium Hyroxide Therapy
-
- ☐ Incision and Drainage
- ☐ Cortical Trephination
- ☐ Apical Trephination
- ☐ Decompression
- ☐ Marsupialization
-
- ☐ Extraction
- ☐ Root Submergence
-
- ☐ Fixed Partial Denture
- ☐ Removable Partial Denture
- ☐ Endosseous Implant
-
- ☐ Other _____

G: Tx Plan Endodontics

- ☐ Root Canal Treatment
- ☐ Root Canal Re-Treatment
-
- ☐ Endodontic Surgery
- ☐ Endodontic Adjunctive Procedure
-
- ☐ Vital Pulp Therapy
- ☐ Bleaching
-
- ☐ Extraction
-
- ☐ No Root Canal Treatment at this time
- ☐ No Root Canal Treatment; Needs Restoration

G: Tx Plan Endo Recall

- ☐ Endo 1 mo recall.
- ☐ Endo 3 mo recall.
- ☐ Endo 6 mo recall.
- ☐ Endo 1 yr recall.
-
- ☐ No further Endo recall needed.
- ☐ Endo prn.

E: Radiographic/Clinical Difficulties

- ☐ Limited ability to open mouth
- ☐ Gagger
- ☐ Fear of dentistry
- ☐ Motivation to preserve dentition
- ☐ Limitation to be reclined
- ☐ Size of mouth
- ☐ Large Tongue
- ☐ Tori
-
- ☐ Difficulty obtaining diagnostic images
- ☐ Difficult to visualize radiographic apex
- ☐ Close proximity to maxillary sinus
- ☐ Position in the dental arch
-
- ☐ Pulp Stones
- ☐ Restricted Chamber Anatomy
- ☐ Receded Chamber Roof
- ☐ Calcific Metamorphosis
- ☐ Fast Break
- ☐ Tauradontism
- ☐ Enlarged canal space
- ☐ Number of canals
- ☐ Open apex
-
- ☐ Curvature mild
- ☐ Curvature moderate
- ☐ Curvature severe
- ☐ Dilaceration apical
-
- ☐ C-Shaped
- ☐ S-Shaped (recurvature)
- ☐ Merged (joined) canals
- ☐ Divided canals
-
- ☐ Fused root
- ☐ Tipped root
- ☐ Long root
- ☐ Short root
- ☐ Rotated tooth
-
- ☐ Isolation challenge
- ☐ Caries
- ☐ Partially Erupted
- ☐ Possible need for Crown Lengthening
- ☐ Definitive need for Crown Lengthening
- ☐ Restorability
-
- ☐ Existing Porcelain Crown
- ☐ Existing PFM Restoration
- ☐ Existing Gold Restoration
- ☐ Existing Abutment
- ☐ Long axis of crown vs root
- ☐ Size of existing crown
- ☐ Restoration limits visualization of anatomy
- ☐ Crown vs original anatomy
- ☐ Pin present
- ☐ Composite vs tooth structure
-
- ☐ Fracture on crown
- ☐ Fracture on root
- ☐ Fracture of alveolus
- ☐ Traumatic Avulsion
- ☐ Traumatic Luxation
- ☐ Traumatic Fracture
-
- ☐ Previous Endodontic Treatment
- ☐ Transportation
- ☐ Zipping
- ☐ Ledge
- ☐ Overfilled
- ☐ Underfilled
- ☐ Insufficient fill
- ☐ Voids
- ☐ Instrument Separation
-
- ☐ Ag Cone root canal filling
- ☐ Paste root canal filling
- ☐ Post and Core present
- ☐ Parapost present
- ☐ Amalcore present
- ☐ Restoration into canal space
-
- ☐ Previously Resected Root
- ☐ Perforation Apical
- ☐ Perforation Furcation
- ☐ Perforation Stripping
-
- ☐ Resorption
-
- ☐ Density of external oblique ridge
- ☐ Density of zygoma
- ☐ Depth of vestibule
- ☐ Root proximity
- ☐ Inferior Alveolar Canal location
- ☐ Mental Foramen location
- ☐ Maximum incisal opening
-
- ☐ Medical risk considerations
- ☐ Latex allergy
- ☐ Anesthesia allergy
- ☐ Hx of difficulty obtaining anesthesia
- ☐ Other _____

G: Tx Plan Endodontics

- ☐ Root Canal Treatment
- ☐ Root Canal Re-Treatment
-
- ☐ Endodontic Surgery
- ☐ Endodontic Adjunctive Procedure
-
- ☐ Vital Pulp Therapy
- ☐ Bleaching
-
- ☐ Extraction
-
- ☐ No Root Canal Treatment at this time
- ☐ No Root Canal Treatment; Needs Restoration

G: Tx Plan Endo Recall

- ☐ Endo 1 mo recall.
- ☐ Endo 3 mo recall.
- ☐ Endo 6 mo recall.
- ☐ Endo 1 yr recall.
-
- ☐ No further Endo recall needed.
- ☐ Endo prn.

E/G: Etiologies

- ☐ Primary Carious Pulp Exposure
- ☐ Prior Carious Pulp Exposure
- ☐ Recurrent Carious Pulp Exposure
- ☐ Coronal Microleakage
-
- ☐ Prior Pulp Cap Indirect
- ☐ Prior Pulp Cap Direct
- ☐ Prior Pulp Cap Unspecified
- ☐ Restoration In Pulp Space
- ☐ Pin in Pulp Space
- ☐ Iatrogenic Mechanical Pulp Exposure
-
- ☐ Insufficient Tooth Structure
- ☐ Weakened Tooth Structure
- ☐ Major Occlusal Reduction
- ☐ Attrition
- ☐ Erosion
- ☐ Abrasion
- ☐ Toothbrush Abrasion
- ☐ Dentin Hypersensitivity
-
- ☐ Prior RCT Undebridged Canal Space
- ☐ Prior RCT Unobturated Canal Space
- ☐ Prior RCT Underfilled
- ☐ Prior RCT Insufficiently filled
- ☐ Prior RCT Overfilled
- ☐ Prior RCT Overextended
- ☐ Prior RCT Apical Leakage
- ☐ Prior RCT Extruded Sealer
- ☐ Prior RCT Missed Canal
- ☐ Prior RCT Another Tooth
- ☐ Prior RCT Inadequate Access
- ☐ Prior RCT Inadequate Straight Line Access
- ☐ Prior RCT Separated Instrument
- ☐ Prior RCT Irretrievable Post
- ☐ Prior RCT Create Post Space
- ☐ Prior RCT Discolored Tooth
- ☐ Incorrect Tooth Previously Diagnosed
-
- ☐ Longitudinal Cusp Fracture With Pulp Exposure
- ☐ Longitudinal Cusp Fracture Without Pulp Exposure
- ☐ Longitudinal Cracked Tooth With Pulp Exposure
- ☐ Longitudinal Cracked Tooth Without Pulp Exposure
- ☐ Longitudinal Split Tooth
- ☐ Longitudinal Vertical Root Fracture
-
- ☐ Repeated Restoration Placement Trauma
- ☐ Traumatic Occlusion
- ☐ Impact Trauma Concussion
- ☐ Impact Trauma Subluxation
- ☐ Impact Trauma Lateral Luxation
- ☐ Impact Trauma Extrusion
- ☐ Impact Trauma Intrusion
- ☐ Impact Trauma Avulsion
- ☐ Impact Trauma Crown Fracture with No Pulp Exposure
- ☐ Impact Trauma Crown Fracture with Pulp Exposure
- ☐ Impact Trauma Root Fracture Diagonal
- ☐ Impact Trauma Root Fracture Horizontal
-
- ☐ Orthodontic Trauma
-
- ☐ Periodontal Only
- ☐ Periodontal Requiring Root Removal
- ☐ Primary Perio Secondary Endo
- ☐ Primary Endo Secondary Perio
- ☐ True End/Perio Combined
-
- ☐ Resorption Internal
- ☐ Resorption External
- ☐ Resorption Cervical
- ☐ Resorption Idiopathic
- ☐ Resorption Inflammatory
- ☐ Resorption Replacement (Ankylosis)
- ☐ Resorption From Eruption Forces of Impeding Tooth
- ☐ Transient Apical Breakdown
-
- ☐ Perforation Apical
- ☐ Perforation Furcation
- ☐ Perforation Lateral
-
- ☐ Morphologic Dens Invaginatus
- ☐ Morphologic Dens Evaginatus
- ☐ Morphologic Developmental Lingual Groove
- ☐ Morphologic Gemination
-
- ☐ Esthetic concern (Nonvital Bleaching)
-
- ☐ Inadvertent Surgical Disruption of Vascular Supply
- ☐ Biopsy
-
- ☐ Unknown
-
- ☐ Etiology Not Confirmed
- ☐ Other _____

G: Tx Plan Periodontic

- ☐ Perio Maintenance
- ☐ Perio Eval & Treatment
- ☐ Perio Crown Lengthening Possible
- ☐ Perio Crown Lengthening Definite
- ☐ Other _____

G: Tx Plan Restorative

- ☐ Amalcore and Crown
- ☐ Composite Core and Crown
- ☐ Post/Core and Crown
- ☐ Amalgam Only
- ☐ Composite Only
-
- ☐ Fixed Bridge
- ☐ Parial Denture
-
- ☐ No Restoration
- ☐ Other _____