



- Area Exhibits:
- Cold
 - Hot
 - Percussion
 - Biting
 - Oral/Facial Swelling
 - Tenderness
 - Fistula
- Tooth pain is felt with:

Remarks:

- EVALUATION is needed due to vague symptoms and/or restorability of tooth is in question
- (RE-) TREATMENT is needed due to symptoms and/or to properly restore the tooth
- PULP EXPOSURE occurred
- POST SPACE needed - please prepare

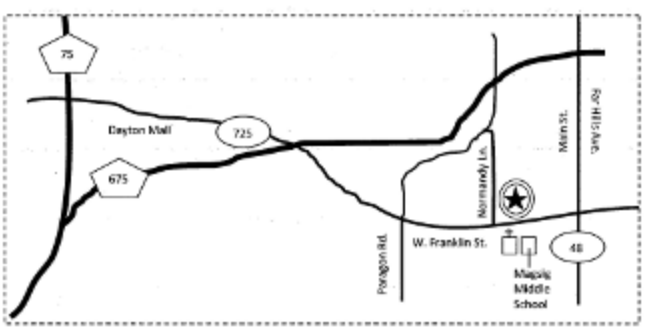
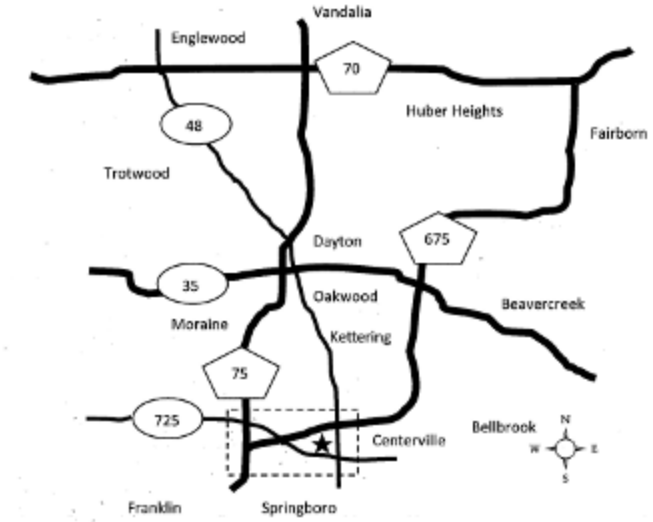
UPPER LEFT													UPPER RIGHT																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
LOWER LEFT													LOWER RIGHT																		

Please circle the tooth or area in question:

Today's Date _____

Patient's Name _____

Referring Doctor _____



Appointment

- Mon
- Tue
- Wed
- Thur
- Fri

Date: _____

Time: _____

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