

ENDODONTIC WELLNESS CENTER
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This is to introduce _____
for endodontic evaluation of:

Tooth # _____ Retreatment of previously treated root canal ___ Yes ___ No

Chief complaint: _____

Patient has been informed that:

- Consult only will be done
- Pulp is exposed
- Non-surgical root canal therapy required
- Surgical root canal therapy required
- Retreatment of previous root canal therapy required
- Endo has been started
- X-ray reveals apical involvement
- Emergency treatment will be rendered
- Other

I have prescribed the following medications: _____

Patient is being treated in the following areas:

Orthodontics Periodontics
 Other: _____ Drs. _____

Crown/bridge is cemented

Temporarily Permanently

Post space is required ___ Yes ___ No

Special Instructions: _____

Dr. _____ Date _____