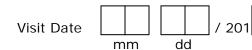




Dentist Survey – Before Treatment (Diagnosis)

Please mark answers with an "X" in the corresponding box. It is very important that the responses be recorded within the space allotted. Example: X

When recording numerical responses, such as amounts or dates, one number should be entered into each box. Example: 01/03/2010



NOTE: Do not continue until patient consent obtained

1. Which tooth is to be treated with a root canal?

(Un

(Universal numbering system: 01-32)

- 2. Does the tooth exhibit a radiolucency of endodontic origin (periradicular or apical)?
 - a. 🗌 Yes
 - b. 🗌 No

Physical Exam

- 3. Was the tooth tender to percussion?
 - a. 🗌 Yes
 - b. 📙 No
- 4. Was the tooth tender to biting pressure?
 - a. 🗌 Yes
 - b. 🗌 No
- 5. Did the tooth respond to cold testing (if **no**, skip to question 7)?
 - a. 📙 Yes
 - b. 🗌 No
- 6. Was the response to cold testing prolonged compared to adjacent teeth?
 - a. 🗌 Yes
 - b. 🗌 No
- 7. What was the greatest probing depth for this tooth?

mm

- 8. What was the location of this greatest probing depth?
 - a. 🗌 Mesial
 - b. 🗌 Distal
 - c. 🗌 Buccal
 - d. 📙 Lingual