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: 0 1 / 0 3 / 201 0

Visit Date                   /        / 201

NOTE: Do not continue until patient consent obtained

1. Which tooth is to be treated with a root canal? (Universal numbering system: 01- 32)
   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