



Northland Endodontics, PA

Practice Limited to Endodontics

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Introducing: _____ Date: _____

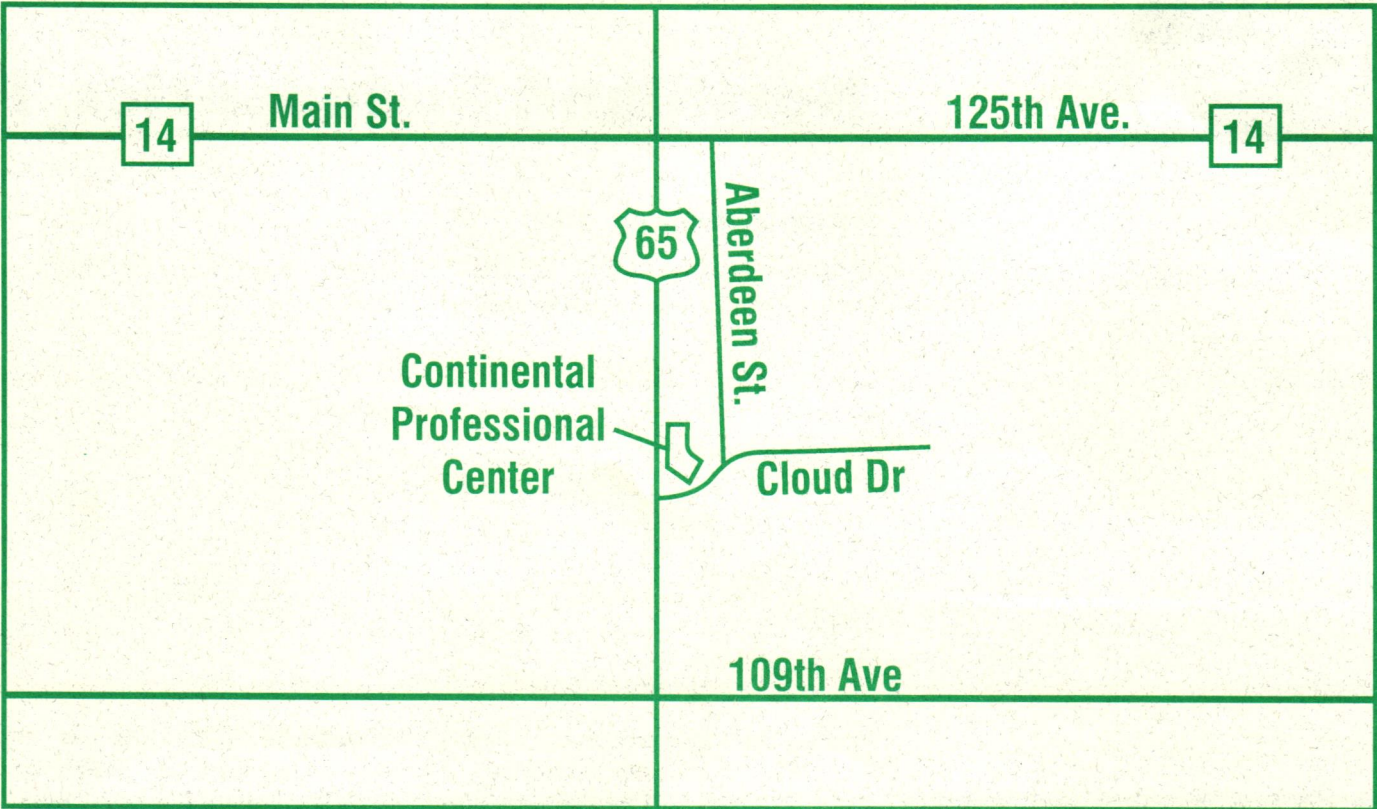
Remarks: _____

Referred by Dr. _____ Provider Email _____

Molars		Bicuspsids		Anteriors		Anteriors		Bicuspsids		Molars		
1	2	3	4	5	6	7	8	9	10	11	12	Upper
16	15	14	13	12	11	10	9	8	7	6	5	Lower
32	31	30	29	28	27	26	25	24	23	22	21	RIGHT
												LEFT

Please evaluate/treat: Patient has toothache Tooth has been accessed
 X-ray revealed radiolucency Tooth had pulp exposure Swelling
 Needs RCT for restorative needs Patient has had a previous RCT

Restorative: Temporize Leave post space _____ canal
 Seal with — Amalgam Composite Glass Ionomer



14

Main St.

125th Ave.

14

65

Aberdeen St.

Continental
Professional
Center

Cloud Dr

109th Ave