MUSoD Endodontic Consultation/Evaluation Form

Analogous with all MUSOD department forms, Endodontic Consultation Forms are to be completed and evaluated prior to a patient's formal treatment plan being finalized. The Endodontic Consultation form is to be completed prior to Endodontic treatment, crown preparation of caries excavation. A copy of the form is to be given to the Endodontic Department receptionist after completion and the original placed in the patient record.

Patient_____ **Chart #**_____

Student _____ **Student Provider#**_____

Date:_____

Pertinent Medical History:_____

Pertinent Dental History:_____

Current Medications/Allergies:_____

S: Subjective Assessment

Chief Complaint:_____

Patient Symptoms:

Present ( )	Absent ( )

Commencement: Time or date when pain started.	
Localization: Can the patient identify an offending tooth or a generalized area of pain.	
Duration: Description in seconds, minutes, hours or of constant duration.	
Character: Description as to sharp, dull, throbbing or aching.	
Alleviating factors: Circumstance that reduces pain level, heat/cold, OTC/Narcotic Meds	
Aggravating Factors: Symptoms are provoked by sweets, hot/cold, mastication, supination or spontaneous.	
Radiation: Size and location of the area of pain response.	
Intensity: Quality scale from 1-10 with 1=mild, 10=severe.	

O: Objective Evaluation

Clinical Evaluation:

Normal: N	No Response: NR	Lingering: L	Delayed: D	Mild: +	Moderate: ++	Severe: +++

Tooth Number:						
Cold:						
Heat						
Electric Pulp Test						
Percussion						
Bite Test						
Palpation						
Mobility						
Perio Depths						

Extraoral:

Facial Swelling:	Present ( )	Absent ( )	Location:
Lymphadenopathy:	Present ( )	Absent ( )	Mild, Moderate or Severe/Location:

Intraoral:

Swelling:	Present ( )	Absent ( )	Mild, Moderate or Severe/Location:		
Sinus Tract:	Present ( )	Absent ( )	Location:		
Clinical Crown:	No Restoration ( )	Restoration Present ( )	Carious Lesion ( )	Fracture ( )	Caries ( )

Radiographic Interpretation:

Alveolar Bone	WNL ( )	Apical/Lateral Radiolucency ( ) Size in mm:	Apical/lateral Radiopacity ( ) Size in mm:	Cresta Bone Loss ( )
Periodontal Ligament	WNL ( )	Obscure ( )	Broken ( )	Widened ( )
Pulp Canal	WNL ( )	Calcification ( )	Open Apex ( )	Resorption ( )

A: Assessment

Diagnosis:

Tooth #:

Pulpal Diagnosis:

Normal/Vital ( )	Reversible Pulpitis ( )	Symptomatic Irreversible Pulpitis ( )	Previously Initiated ( )
Necrosis ( )	Previously Treated ( )	Asymptomatic Irreversible Pulpitis ( )	

Periradicular Diagnosis:

Normal Apical Tissue ( )	Symptomatic Apical Periodontitis ( )	Asymptomatic Apical Periodontitis ( )
Acute Apical Abscess ( )	Chronic Apical Abscess ( )	Condensing Osteitis ( )

Etiology:

Caries ( )	Mechanical Exposure ( )	Coronal Fracture ( )
Trauma ( )	Microbial Leakage ( )	Previously Initiated ( )
Attrition/Abrasion ( )	Restorative ( )	Intentional ( )

Prognosis:

Favorable ( )	Guarded ( )	Unfavorable ( )

P: Plan:

Non Surgical RCT ( )	Non Surgical Retreatment ( )	Surgical Therapy ( )	Vital Pulp Therapy ( )	Other ( )

Student Signature:	Date:
Endodontic Faculty Signature:	Date:

Pulpal & Periapical Diagnostic Terminology

Pulpal:

- **Normal Pulp** A clinical diagnostic category in which the pulp is symptom-free and normally responsive to pulp testing.
- **Reversible Pulpitis** A clinical diagnosis based upon subjective and objective findings indicating that the inflammation should resolve and the pulp return to normal.
- **Symptomatic Irreversible Pulpitis** A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed pulp is incapable of healing. *Additional descriptors:* Lingering thermal pain, spontaneous pain, referred pain.
- **Asymptomatic Irreversible Pulpitis** A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed pulp is incapable of healing. *Additional descriptors:* No clinical symptoms but inflammation produced by caries, caries excavation, trauma.
- **Pulp necrosis** A clinical diagnostic category indicating death of the dental pulp. The pulp is usually non-responsive to pulp testing.
- **Previously Treated** A clinical diagnostic category indicating that the tooth has been endodontically treated and the canals are obturated with various filling materials other than intracanal medicaments.
- **Previously Initiated Therapy** A clinical diagnostic category indicating that the tooth has been previously treated by partial endodontic therapy (e.g. pulpotomy, pulpectomy).

Apical:

- **Normal Apical Tissue** Teeth with normal periradicular tissues that are not sensitive to percussion or palpation testing. The lamina dura surrounding the root is intact and the periodontal ligament space is uniform.
- **Symptomatic Apical Periodontitis** Inflammation, usually of the apical periodontium, producing clinical symptoms including a painful response to biting and/or percussion or palpation. It may or may not be associated with an apical radiolucent area.
- **Asymptomatic Apical Periodontitis** Inflammation and destruction of apical periodontium that is of pulpal origin, appears as an apical radiolucent area, and does not produce clinical symptoms.
- **Acute Apical Abscess** An inflammatory reaction to pulpal infection and necrosis characterized by rapid onset, spontaneous pain, tenderness of the tooth to pressure, pus formation and swelling of associated tissues.
- **Chronic Apical Abscess** An inflammatory reaction to pulpal infection and necrosis characterized by gradual onset, little or no discomfort, and the intermittent discharge of pus through an associated sinus track.
- **Condensing Osteitis** Diffuse radiopaque lesion representing a localized bony reaction to a low-grade inflammatory stimulus, usually seen at apex of tooth.