

**KEYSTONE  
ENDODONTICS**  
*Practice Limited to Endodontics*

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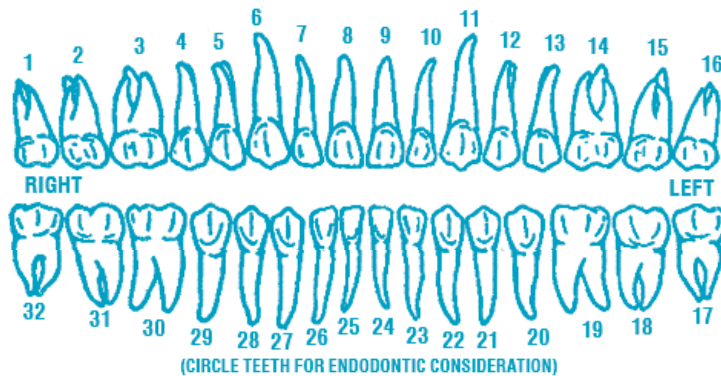
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Date \_\_\_\_\_ Appt. Date \_\_\_\_\_

Introducing \_\_\_\_\_

Referring Doctor \_\_\_\_\_



**Diagnostic Information:**

- Pulp Exposure       Traumatic Injury
- Sensitivity:     Hot       Cold       Pressure
- Pain:     Constant     Intermittent     Vague
- Undetermined, please evaluate
- Swelling     Sinus Tract
- Radiographically Evident

**Treatment:**

- Tooth Opened       Medicated Temporarily
- None
- Analgesic \_\_\_\_\_
- Antibiotic \_\_\_\_\_

**Request:**

- Post Space
- Cone Beam CT Study
- Oral Sedation
- Intravenous Sedation

Remarks: \_\_\_\_\_