



Endodontic Screening Form



493DEN Course

Student Name: _____

Student Number: _____

Patient Name: _____

Patient File number: _____

Patient C.C: _____

Tooth #	Cold Test	EPT	Percussion	Palpation	Probing	Radiographic Evaluation	Diagnosis

Faculty Name: Faculty Signature:

Example of examination codes:

Cold test: (+) Normal (++) Sensitive (Sensitive but not lingering) (++) Ling (for lingering pain) (-) No response	EPT: (+ or -)	Percussion and Palpation: (Normal) or (Sensitive + Site either Buccal or lingual)	Probing: (?? mm + site)	Radiographic Evaluation: (Descriptive: radiolucent or radiopaque)	Diagnosis: (Pulpal + Periapical)
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