

Urgency/Emergency	
Pt name:	
Doctor: <input type="checkbox"/> Chad <input type="checkbox"/> Andy	BP:
Subjective findings <input type="checkbox"/> UR <input type="checkbox"/> UL <input type="checkbox"/> LR <input type="checkbox"/> LL <input type="checkbox"/> Broken tooth <input type="checkbox"/> Pain ___/10 Duration:	
Objective findings #___ #___ #___ #___ Cold Percussion Palpation Tooth sleuth Probing depths	
Assessment <input type="checkbox"/> Reversible pulpitis <input type="checkbox"/> Normal periapex <input type="checkbox"/> Irreversible pulpitis <input type="checkbox"/> aSAP <input type="checkbox"/> Necrotic pulp <input type="checkbox"/> SAP	
Plan	

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