



Clinic name

Address · Phone · Licence no.

Root canal treatment record

One record per tooth: tests and diagnosis on page one; canals, visits and reviews on page two.

Patient name File no. Date of birth
Phone Date Doctor
Tooth (FDI) Referred by
Medical history reviewed on Medical alerts

Complaint and pain history

In the patient's words

- | | | |
|---|--|---|
| ☐ Spontaneous pain | ☐ Brought on by cold | ☐ Brought on by heat |
| ☐ Pain on biting | ☐ Lingers after the stimulus | ☐ Wakes at night |
| ☐ Swelling | ☐ Previous treatment on the tooth | ☐ Trauma or fracture |

Tests

Test	Tooth in question: ...	Adjacent: ...	Control: ...	Notes
Cold				
Heat				
Electric pulp test (EPT)				
Percussion				
Palpation				
Mobility				
Deepest probing (mm)				
Swelling or sinus tract				

Write +, - or ++ for the response, the reading for EPT, and mobility as a grade from 0 to 3.

Radiographs

Periapical tissues Roots and canals
Resorption, fracture, calcification CBCT reference

Diagnosis

Pulpal	Periapical
☐ Normal pulp	☐ Normal apical tissues
☐ Reversible pulpitis	☐ Symptomatic apical periodontitis
☐ Symptomatic irreversible pulpitis	☐ Asymptomatic apical periodontitis
☐ Asymptomatic irreversible pulpitis	☐ Acute apical abscess
☐ Pulp necrosis	☐ Chronic apical abscess
☐ Previously treated	☐ Condensing osteitis
☐ Previously initiated therapy	

Treatment ☐ Pulpotomy ☐ Root canal treatment ☐ Retreatment ☐ Refer ☐ Extraction

Patient name Tooth (FDI)

Consent signed on Alternatives explained

Prognosis ☐ Favourable ☐ Questionable ☐ Unfavourable

Canals and working lengths

Isolation ☐ Rubber dam ☐ Other:

Canal	Reference point	Estimated length (mm)	Working length (mm)	Master apical file and size	Taper	Obturation technique

Canals e.g. MB, MB2, DB and P in an upper first molar. Length found by apex locator, radiograph or both.

Irrigation and intracanal medicament

Irrigants used Activation (sonic, ultrasonic, none)

Intracanal medicament Temporary restoration

Visits

Date	Visit	Procedure done	Irrigation	Medicament	Temporary	Operator
	1					
	2					
	3					

☐ Pre-operative ☐ Working length ☐ Master cone ☐ Post-obturation

Restoration plan

Final restoration ☐ Direct composite ☐ Onlay ☐ Crown ☐ Post and core

Within (weeks) To be done by

Follow-up reviews

Due	Date seen	Symptoms	Clinical	Radiograph: healed, healing, not healed	Next
6 months					
12 months					
2 years					
4 years					

Dentist's name and signature

Date

In Dentolize this document lives on the patient file: dentolize.com