## **Endodontic Progress Note**

Patient Name	
Date	
Tooth#	
Chief Complaint	
Diagnosis	
Vitality Tests	
Pre-op Radiograph Findings	
Procedure	
Anesthesia	
Rubber Dam	
holation	
kolation	
hrigation Calution(a)	
Irrigation Solution(s)	

Obturation		
Post-op Instructions		
Next Visit / Follow-up		
Provider Name		