

REGENERATIVE TREATMENT AND RECALL FORM

Patient Information

Patient's Name: _____

Tooth No: _____

Age: _____

Occupation: _____

Address: _____

Tel: _____

Clinicians' Name: _____

Subjective Symptoms

Chief Complaint: _____

Previous Treatment Received: _____

Dental History of the Involved Tooth: _____

Medical History

☐ Healthy

☐ Hypertension

☐ Heart Disease

☐ Diabetes Mellitus

☐ Allergic to: _____

☐ Other: _____

First Visit Clinical Examination and Symptoms

- ☐ Caries _____
- ☐ Crack _____
- ☐ Traumatic Occlusion _____
- ☐ Tooth Color Shade _____
- ☐ Fracture Crown/Root Structure _____
- ☐ Sinus Opening _____
- ☐ Existing Restoration _____
- ☐ Swelling (Intra/Extra and Location) _____
- ☐ Dental Anomalies _____
- ☐ Other _____
- ☐ Cold/Heat Test (+/-) vitality: _____
- ☐ EPT (+/-) vitality: _____
- ☐ Percussion (0=normal, 1=mild painful, 2=moderate painful, 3=severe painful): _____
- ☐ Palpation (Normal/Tender): _____

Radiographic Examination (Stage of root development (Cvek's classification))

Root length: _____

Root width : _____

Size of apical foramen: _____

PDL space: ☐ Normal ☐ Widened

Lamina dura: ☐ Intact ☐ Loss

Radiolucency: ☐ None ☐ Diffuse ☐ Well-defined

Radiopacity: ☐ None ☐ Yes

Resorption: ☐ Internal (location): _____ ☐ External (location): _____

Root fracture: ☐ Horizontal (location/root) _____ ☐ Vertical (location/root) _____

Clinical Diagnosis

Pulpal disease ☐ Normal ☐ Reversible pulpitis ☐ Irreversible pulpitis ☐ Asymptomatic ☐ Symptomatic ☐ Pulp necrosis ☐ Previously initiated therapy ☐ Previously treated with ☐ Adequate RCF ☐ Inadequate RCF	Periapical disease ☐ Normal ☐ Apical periodontitis ☐ Asymptomatic ☐ Symptomatic ☐ Apical abscess ☐ Acute ☐ Chronic ☐ Condensing osteitis: ☐ Differential diagnosis: Other(s)
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Treatment Planning

☐ Endodontic regenerative treatment

☐ Need for crown lengthening

☐ Intermediate restoration _____

☐ Bleaching _____

☐ Final restoration _____

DATE _____

Treatment Summary

Endodontic regenerative treatment

1. Local anaesthesia

☐ Adrenalin ☐ Without adrenalin ☐ None

2. Type of irrigants

☐ NaOCl% ☐ EDTA% ☐ Other

3. Intracanal Medicament

☐ Ca(OH)₂

☐ Enjectable ☐ Powder-liquid

☐ Triple antibiotic paste

Vehicle:

Concentration: ☐ Concentrate ☐ Dilute

Ratio:

4. For preventing discoloration: ☐ No ☐ Yes with

5. Scaffold: ☐ Blood clot ☐ PRF ☐ Other

6. Capping material: ☐ Biodentin ☐ MTA ☐ Other.....

7. Magnification system: ☐ DOM ☐ Loupe ☐ None

8. Rubber dam isolation: ☐ Yes ☐ No

9. Restoration:

☐ Adhesive resin composite

☐ Other

Treatment Completion Date:

Recall Examination

Date					
Recall period	monhs	months	months	months	months
Clinical finding					
Restoration (A/U)					
Tooth color shade					
Percussion (+/-)					
Palpation (+/-)					
Probing depth (mm)					
Sinus opening (Y/N)					
Swelling (Y/N)					
Cold/heat (with...+/-)					
EPT (+/-)					
Radiographic finding					
PDL space (Normal/Widenin g)					
Lamina dura (Normal/Loss)					
Radiolucent area (size...mm/N)					
Apical closure (Y/N)					
Other					
Remarks					

ABBREVIATIONS: A = Acceptable U = Unacceptable Y = Yes N = No