

AMERICAN BOARD OF ENDODONTICS
CASE HISTORY REPORT

Case Report Number:

Candidate Number:

Patient Age:

Date Case Started:

Patient Sex:

Date Case Finished:

Date of Post-treatment Evaluation:

A. Tooth # (1 - 32):

B. Procedure Category:

OTHER subcategory

CHIEF COMPLAINT:

C. MEDICAL HISTORY:

D. DENTAL HISTORY:

E. CLINICAL EVALUATION: (Diagnostic Procedures)

Exam:

Tests:

Radiographic Interpretation:

F. PRE-TREATMENT DIAGNOSIS:

Pulpal:

Apical:

G. TREATMENT PLAN:

Recommended:

Emergency:

Definitive:

Alternative:

Restorative:

PROGNOSIS:

H. CLINICAL PROCEDURES: Treatment Record

Date: _____ **Operations:** _____

DIAGNOSIS (If different post-treatment)

Pulpal:

Apical:

HISTOPATHOLOGIC DIAGNOSIS (If biopsy)

CANAL (M,D,B,L, etc)	WORKING LENGTH	APICAL SIZE*	OBTURATION MATERIALS AND TECHNIQUES

*Size of the largest instrument used at the apex

I. POST-TREATMENT EVALUATIONS: (Last post-treatment evaluation recorded must be 1 year minimum with the exception of the Diagnosis and Medically Compromised cases)

Date:

Date:

Date:

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ADDENDUM
