AMERICAN BOARD OF ENDODONTICS CASE HISTORY REPORT

For this form to function correctly and be formatted properly for examiner viewing, you must **only use Adobe Acrobat Reader** to open and fill out the form.

Case Report Number:
Patient Age:
Patient Sex: Select

Candidate Number:
Date Case Started:
Date Case Finished:
Date of Post-treatment Evaluation:

A. Tooth # (1 - 32):

B. Procedure Category: Select
OTHER subcategory

CHIEF COMPLAINT: More...

C. MEDICAL HISTORY: More...

D. DENTAL HISTORY AND HISTORY OF PRESENT CONDITION: More...

E. CLINICAL EVALUATION: (Diagnostic Procedures)
Exam: More...

Tests: Insert Table rows X columns ☐ Check to insert table in Addendum More...

Radiographic Interpretation: More...

F. PRE-TREATMENT DIAGNOSIS:
Pulpal: Select
Apical: Select

G. TREATMENT PLAN:
Recommended: **Emergency**:
Definitive:
Alternative:
Restorative:

PROGNOSIS: Select

H. CLINICAL PROCEDURES: Treatment Record

More...

DIAGNOSIS (If different post-treatment)

Pulpal:

Apical:

HISTOPATHOLOGIC DIAGNOSIS (If biopsy)

CANAL (M,D,B,L, etc)	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.)

More...

Date:

Date:

Date:

ADDENDUM