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**Root canal treatment: Pre-operative Assessment**

**Patient Name _______________________________ Hospital No ____________**

Assessment by (print name) ________________________     Date ___________

**Tooth Notation:**

**Diagnosis**

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**Medical History Brief Summary**

- □ Cardiovascular diseases
- □ Diabetes
- □ Acute Systemic Disease
- □ Smoker
- □ Abnormal host defences
- □ Mental Impairment
- □ Pregnancy

*refer to medical history sheet for full details*

**Potential Management Difficulties**

- □ Difficulty obtaining L.A.
- □ Unmoted
- □ Won't lie back
- □ Dental phobia
- □ Limited opening
- □ Small mouth
- □ Gagging

**Clinical Findings**

- □ Inconclusive/contradictory findings
- □ Difficulty obtaining films of diagnostic value
- □ Calcified Pulp
- □ Curved root
- □ Open Apex
- □ Resorbed Apex
- □ Tooth rotated or tipped

**Other Considerations**

- □ Isolation challenge
- □ Crown lengthening needed
- □ Coronally unrestorable
- □ Endo-perio lesion
- □ Trauma - avulsion or luxation

**Major Complications**

- □ Perforation
- □ Previous endodontic treatment
- □ Root fracture
- □ Internal root resorbtion

**Other Comments**

**Radiographic Assessment**

- Length of Tooth (mm)
- Long files needed?
- Periodontal Support
- Caries
- Crown Shape/size
- Proximity of restorations to pulp chamber
- Quality of restorations, including coronal seal
- Size of pulp chamber
- Calcifications (pulp stones)
- Crown : Root ratio
- No of roots
- Root anatomy
- Canal Anatomy
- Root end proximity to important structures
- Periapical, periradicular, or furcal lesions
- Root fracture
- Extra root canals
- Resorptive defects
- Pins / Posts
- Quality of previous endo, and materials used
- Iatrogenic complications