

Clinical Checklist

Pre-Treatment Evaluation & Follow-Up Form

Patient Name

Date

Tooth Number	Tooth Surface w/Sensitivity	Pre-Treatment Sensitivity Level (1-10)	X Ray Verified	Pathology Free	Debrided & Pumiced	DentaKote S Applied Using Protocol	Post-Treatment Sensitivity Level (1-10)

Follow up dates: (Record Sensitivity Levels 1-10 and Record Dates)

Tooth	Sensitivity Level (1-10)	Sensitivity Level (1-10)	Sensitivity Level (1-10)	Sensitivity Level (1-10)	Notes of Interest
Number	30-Days (record date)	60-Days (record date)	90-Days (record date)	180-Days (record date)	(If any)