

CROWN & ROOT CANAL CARE RECORD

Keep a simple record of treated teeth, symptoms, and questions. Bring this form to dental appointments. It cannot determine whether a crown or root-canal-treated tooth has a problem.

Name: _____

Last updated: _____

Dentist: _____

Phone: _____

1. My Crown and Root Canal Record

Use ordinary descriptions such as upper right molar if you do not know the tooth number. Add another sheet if needed.

Tooth / location	Treatment	Date	Dentist / specialist	Material or notes
	☐ Crown ☐ Root canal ☐ Both			
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	☐ Crown ☐ Root canal ☐ Both			
	☐ Crown ☐ Root canal ☐ Both			
	☐ Crown ☐ Root canal ☐ Both			
	☐ Crown ☐ Root canal ☐ Both			
	☐ Crown ☐ Root canal ☐ Both			

2. My Daily Care Plan

- ☐ Brush twice daily with fluoride toothpaste, unless my dentist advised otherwise
 - ☐ Clean between teeth and around crown margins daily
 - ☐ Clean underneath a bridge or joined crowns as instructed
 - ☐ Wear and care for my nightguard as directed ☐ Avoid using teeth to open or crack objects
- Special tools or instructions: _____

3. Follow-Up Dates

Next cleaning/checkup: _____ Next X-rays if recommended: _____
Crown, filling, or restoration to monitor: _____
Other follow-up: _____

SYMPTOMS & DENTAL VISIT NOTES

Record new or changing symptoms rather than relying on memory. A symptom can have several causes, so let your dentist evaluate it.

1. Changes I Have Noticed

Date	Tooth / location	What I noticed	When it happens	Better / worse / notes
		☐ Pain or pressure ☐ Hot/cold sensitivity ☐ Chipped/rough/loose ☐ Swelling or bad taste		
		☐ Pain or pressure ☐ Hot/cold sensitivity ☐ Chipped/rough/loose ☐ Swelling or bad taste		
		☐ Pain or pressure ☐ Hot/cold sensitivity ☐ Chipped/rough/loose ☐ Swelling or bad taste		
		☐ Pain or pressure ☐ Hot/cold sensitivity ☐ Chipped/rough/loose ☐ Swelling or bad taste		
		☐ Pain or pressure ☐ Hot/cold sensitivity ☐ Chipped/rough/loose ☐ Swelling or bad taste		

2. Questions for My Dentist

- ☐ Is the crown margin and surrounding gum healthy?
- ☐ Is there decay around or underneath the restoration?
- ☐ Does my bite place too much force on this tooth?
- ☐ Should grinding protection or a nightguard be considered?
- ☐ Is this tooth safe for normal chewing?
- ☐ Does the crown, filling, or root canal need monitoring, repair, or replacement?

Other: _____

Dentist's notes: _____

When to Contact the Dentist

Arrange prompt dental care for significant or worsening pain, pain when biting, swelling, drainage or a bad taste, a loose crown, a cracked or broken tooth, facial swelling, fever with dental symptoms, or a temporary crown that comes off. After a root canal, follow the treating dentist's instructions and do not delay the permanent restoration they recommend.

Bring this record to appointments and update it whenever dental work is added, repaired, adjusted, or replaced.