- Dentistry is all about teamwork. In order to have a good outcome there should be a cooperation between different specialties. In addition, general dentists should maintain this cooperation with other specialized dentists.

- The root canal treatment that we are doing as general dentists should be as good as the RCT that has been done by an endodontist.

- Cases that are exceeded the skillful levels of GP should be referred. This would be appreciated by the patient as you put him away from harm.

- Important considerations for patients before starting treatment:

**Medical history :**

 Patients that are not medically fit should be referred to be get their treatment like in cases of

-Anesthesia difficulties

-Gag reflex

-Asthmatic patients: they must be treated in up right position which makes the treatment difficult and should be referred

**Physical limitations:**

- Crowned tooth with radiolucency: maybe this tooth has an infected lateral canal and must be treated. This condition is difficult to be treated by inexperienced dentist and should be referred

- Any radiological signs of complications such as resorption, morphological changes or severe curving should be referred

Example, Painful tooth but appears normal, here vitality test is the key.

Periapical cemental dysplasia is a case where there are periapical radiolucencies with vital teeth.

- Difficulties in taking x-rays

- Inclination of the tooth is important and we must take it into consideration during access cavity.

- Isolation is important, cases in which isolation is difficult should be referred if the dentist could not deal with it.

- Position of the tooth should be taken into consideration to avoid perforation

- Wide open apex should be treated by specialist by custom-roll Gutta percha technique in which large-sized cones merged together on glass slab

- Canal morphology; curved canals cases are difficult even in hand experts and should be referred.