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SOUTH COAST ENDODONTICS

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Specialists in Endodontics



SPECIALIST MEMBER

Introducing _____

Patient Phone # _____

Referring _____ Date _____
Doctor

Tooth # _____

Right _____ Left _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Radiographs: Emailed (admin@sc-endo.net)
 Given to patient Please take

Comments _____

Please do not take any pain medication within six hours
of consultation since medication may alter diagnostic tests.

TREATMENT CARRIED OUT SO FAR:

- Pulpotomy
- Incision/Drainage
- Rx Antibiotic
- Rx Analgesic

REQUESTED TREATMENT:

- Consultation/Diagnosis only
- Evaluate and treat as necessary
- RCT necessary for restoration
- Apical microsurgery
- Please phone me following examination

RESTORATIVE INSTRUCTIONS:

- Temporary restoration
- Place core build up
- Restore crown access
- Prepare post-space
- Other: _____

Appointment Date/Time _____

Please arrive 15 minutes early to fill out paperwork.

- Please send referral slips