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Endodontics

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SAME DAY EMERGENCY APPOINTMENTS AVAILABLE

Patient's Name _____ Birthdate _____

Tooth # / Area in Question _____

Phone Number _____
(HOME) (WORK) (CELL)

Appointment _____

*Please come 10 minutes early to complete registration forms.
Bring this referral slip and insurance information.*

Insurance Co. Name and address/phone #: _____

Group# _____ ID# _____

HISTORY:

- Pain
- Pulp Exposure
- Pulp Cap
- Trauma
- Apical Radiolucency
- Swelling
- Fracture
- Periodontal Condition
- Previous RCT

Date _____

TREATMENT CARRIED OUT SO FAR:

- Occlusion Adjusted
- Sedative Dressing Placed
- Pulp Extirpation
- Rx Antibiotic _____
- Rx Analgesic _____
- ALLERGIES _____
- PRE MED

TREATMENT TO BE CARRIED OUT IN THE ENDODONTIC OFFICE:

- Consultation/Diagnosis only
- Endodontic therapy
- Endodontic therapy **with** core build up
- Leave post space
- Please phone me following examination

REFERRING DOCTOR'S COMMENTS:

Referring Doctor _____ Date _____

email: info@raadendo.com