

Endodontists:

- ☐ Sheri A. Opp, DDS, MSD
- ☐ Homan Javaheri, DMD, MDS
- ☐ Katherine J. Shi, DMD
- ☐ Amy Yu, DMD, MSD
- ☐ Karen Kimzey, DDS

- ☐ Aneet S. Bal, DDS

- ☐ David M. Keating, DDS

- ☐ Gina M. Savani, DMD

Periodontists:

- ☐ Lincoln Nguyen, DDS, MS
- ☐ Austen Lucena, DDS, MSD

Appointment Date: _____

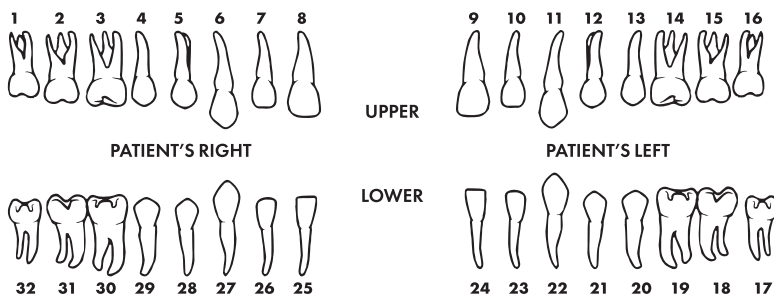
Time: _____

Patient Name: _____

Patient Phone: _____

Referring Doctor: _____

Please Circle Tooth/Area to Be Evaluated:



☐ **ENDODONTICS** ☐ **PERIODONTICS**

REASON FOR REFERRAL:
Endodontic:

- ☐ Consultation/Diagnosis Only
- ☐ Root Canal Therapy
- ☐ Retreatment
- ☐ Leave Post Space
- ☐ Post Removal
- ☐ Oral Sedation
- ☐ Nitrous
- ☐ Place Permanent Restoration

History:

- ☐ Restorative Concerns
- ☐ Pain
- ☐ Apical Radiolucency
- ☐ Swelling
- ☐ Fracture
- ☐ Periodontal Condition
- ☐ Pulp Exposure
- ☐ Trauma
- ☐ Recent Filling/Crown
- ☐ Rx Antibiotic
- ☐ Rx Analgesics

Periodontic:

- ☐ Extraction (Mark Teeth)
- ☐ Socket Preservation
- ☐ Dental Implant Placement
- ☐ Perio Evaluation
- ☐ Sinus Augmentation
- ☐ Ridge Augmentation
- ☐ Gingival Recession
- ☐ Exposure of Impacted Teeth
- ☐ Pre-prosthetic Surgery
- ☐ All-On-4
- ☐ Crown Lengthening
- ☐ Laser Therapy
- ☐ Biopsy

Comments: _____

Referring Doctor Signature _____

Date _____



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