

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:

Lori Martinez-Rubio DDS,MS

Austen Lucena, DDS, MSD

Appointment Date: _____

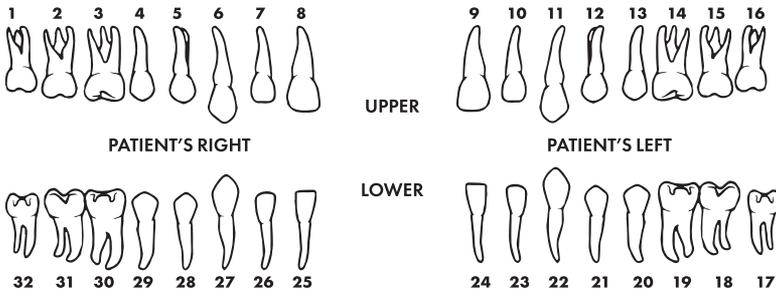
Time: _____

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 _____



ENDODONTIC ASSOCIATES
DENTAL GROUP



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