ENDODONTIC ASSOCIATES
DENTAL GROUP

Endodontists:
- ❍ Aneet S. Bal, DDS
- ❍ David M. Keating, DDS
- ❍ Gina M. Savani, DMD
- ❍ Sheri A. Opp, DDS, MSD
- ❍ Homan Javaheri, DMD, MDS
- ❍ Katherine J. Shi, DMD
- ❍ Amy Yu, DMD, MSD
- ❍ Karen Kimzey, DDS

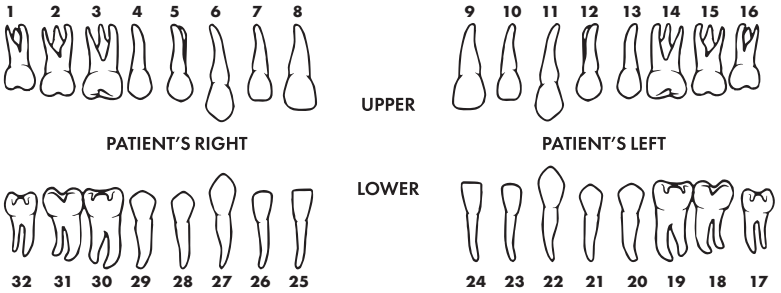
Periodontists:
- ❍ Lori Martinez-Rubio DDS,MS
- ❍ Austen Lucena, DDS, MSD
- ❍ John T. Carson, DDS, MS

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

Endodontists:



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Periodontists:



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