

RANCHO BERNARDO *Endodontics*

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WHITE - PATIENT COPY
YELLOW - DENTIST COPY
CARD - PLEASE MAIL TO
RB ENDODONTICS

Introducing: _____

Patient Phone #: _____

Referred by: _____ Date: _____

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

Remarks: _____

We request that your patient **NOT** take any analgesics on the appointment day, as analgesics may mask symptoms and alter diagnostic tests.

Treatment requested:

- Consultation only
- Evaluate & treat as needed
- RCT necessary for restoration
- Call me prior to starting treatment
- Prepare canal with post space
- Place permanent build-up/access restoration

History:

- Recent restoration Date: _____
- Pulp exposure Date: _____
- Prior RCT Date of RCT if known: _____
- Endodontics started Date: _____
- Trauma Date of injury: _____
- Rx given to pt _____

Appointment Date: _____