PUGET SOUND ENDODONTIC ASSOCIATES

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Today's Date:

Patient Name:

Phone Number:

Birth Date:

Tooth Number:

Date of Last Restoration on Tooth:

Comments:

Referring Doctor:

Drugs Prescribed:

Treatment Request:

- ☐ Consultation/Treat as Necessary
- ☐ Root Canal Treatment
- ☐ Retreatment
- ☐ Apicoectomy
- ☐ Internal Bleaching
- ☐ CBCT Scan
- ☐ Please Call referring doctor prior to seeing this patient

Post-Op Care:

- ☐ Restore Access by Endo Office
- ☐ New Crown/Bridge Planned
- ☐ Post/Core by Endo Office
- ☐ Post Space Only
- ☐ Return patient to Referring Office for Restoration

Please Do Not Take any Anti-inflammatory or Pain Medication Within 4 Hours of your Consultation Appointment!