

South SEATTLE ENDODONTICS

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Patient name _____

Home Phone () _____ Work Phone () _____

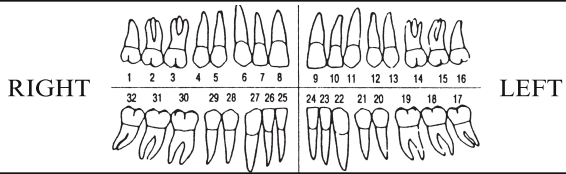
Referring Doctor _____ Date _____

Patient will call

Please call patient for appointment

Tooth No. or Location _____

PLEASE CIRCLE
THE AFFECTED
TOOTH OR AREA



TREATMENT REQUESTED:

- Examine and treat as necessary
- Examine and consult only
- Intentional endodontic therapy
Reason _____
- Prepare tooth for post
 - One Two canals
- Surgical endodontic therapy
- Please call for special instructions

HISTORY:

- Pulp exposure
- Trauma/Fracture/Avulsion
- Tooth previously treated endodontically
When? _____
- Root canal treatment begun
 - Tooth sealed Tooth left open
- Medication(s) prescribed to patient
 - Antibiotics Analgesia
 - Other

OTHER:

- Bleaching Complete post-core buildup Temporary filling only
- Surgical crown lengthening Hemisection/Root amputation/Bicuspidization

Planned restorative treatment on tooth _____

Other helpful information or comments _____

