Scripps Mesa Endodontics

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American Association of Endodontists
Specialist Member

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Date _____

Introducing _____

Patient's Phone _____

Referring Doctor _____

Email X-rays to drlam@scrippsmesaendo.com

Remarks _____

_____

_____

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

R L

Endodontic Considerations & Treatment Requested

- ☐ Evaluate & treat as necessary
- ☐ Endodontic necessary for restoration
- ☐ Root end surgery
- ☐ Vital pulp exposure
- ☐ Tooth has been opened
- ☐ Prior root canal therapy

- ☐ Provide post space
- ☐ Build up for full coverage
- ☐ Bonded post & core
- ☐ Complete crown access repair
- ☐ Crown planned for replacement

- ☐ Consultation & diagnosis only
- ☐ Please phone me following the examination

- ☐ Cone beam tomography scan

No Pain Medication 8 hours prior to consultation

☐ Please send more referral slips

White: Patient's Copy Yellow: Doctor's