

The Endodontic Center of Pleasanton A Professional Dental Corporation 5720 Stoneridge Mall Road, Suite 320 Pleasanton, CA 94588 **T: 925.847.9800** F: 925.847.9801 www.endophan.com

Please evaluate / treat the following teeth:

 \square Please check here for additional referral slips

1 2 3 4 5 6 7 8	9 10 11 1213 14 15 16
32 31 30 29 28 27 262	5 24232221 20 19 18 17 Тоотн#
	X-RAY ENCLOSED#
Introducing Patient Phone	
Referred by Dr.	Today's Date
Appointment Date	Appointment Time
Services requested:	
☐ Consultation	
☐ Evaluate and treat as necessary:	
\square Patient has pain, sensitivity, or swe	LLING TOOTH HAS BEEN ACCESSED
☐ PERIAPICAL RADIOLUCENCY PRESENT	☐ Consideration for retreatment
 Endodontic treatment necessary for restoration 	 Consideration for surgical endodontics
☐ PULP WAS EXPOSED (VITAL / NONVITAL)	
☐ Prepare space for post	
□ Place appropriate build-up □ Metal Post □ Fiber Post	
□ Planned restorative treatment	
□ Premedication required	
□ Antibiotic / analgesic prescribed	
Comments	

Welcome to our office!

Your dentist has referred you to an endodontist. An endodontist is a dental specialist who has additional education and training in root canal therapy and other procedures involving the dental pulp. As a specialty practice, we are dedicated exclusively to providing state-of-the-art, comprehensive patient care in non-surgical and surgical endodontics.

Since our practice is limited to pulp-related procedures, you will need to return to your family dentist for the final restoration of the tooth. Your dentist will then continue to oversee your dental care including regular check-ups and cleanings.

Please advise our office if you have any special needs when you make your appointment. We realize that your time is valuable. Our office is dedicated to keeping you comfortable during and after treatment, honoring your appointment time and providing you with a clean and cheerful environment where strict infection control procedures are followed. We look forward to serving you.

