

OCEAN

MICROENDODONTICS



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Introducing _____ for endodontic consideration.

Patient Contact Number _____

Appointment date: _____ Time: _____

☐ AM

☐ PM

TOOTH:

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

- ☐ Consult Only
- ☐ Intentional Endodontics
- ☐ Tooth tests non-vital
- ☐ Pulp was exposed
- ☐ X-ray revealed pulpal involvement
- ☐ X-ray revealed radiolucency
- ☐ X-ray revealed resorption
- ☐ Patient has toothache, please evaluate
- ☐ Suspect fractured tooth
- ☐ Previous endodontic treatment appears questionable
- ☐ Consider surgical endodontics (apicoectomy)
- ☐ Antibiotic prescribed
- ☐ Analgesic prescribed
- ☐ Please advise as to vitality of pulp
- ☐ Please leave post space
- ☐ Please restore access
- ☐ Please place post
- ☐ Please do build-up
- ☐ Other _____

Referred by: _____

San Diego Office

