ENDODONTIC solutions
INNOVATIVE COMPREHENSIVE EXCELLENT

REFERRAL FOR ENDODONTIC EVALUATION

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3400 Stone Way N. Suite 190 | Seattle, WA 98103
206.633.3636 phone | 206.633.3639 fax | www.WAendo.com

Name _____ Date _____

Daytime Phone Number _____

Referred By _____ Phone _____

Appointment Date _____ Time _____

Molars			Bicuspids		Anterior					Bicuspids		Molars		
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

Treatment Requested

- ☐ Examine and treat as necessary
- ☐ Examination/diagnosis only
- ☐ Endodontic microsurgery/apicoectomy
- ☐ Prepare post space
- ☐ Surgical crown lengthening
- ☐ CBCT Scan
- ☐ Permanent filling in access

History

- ☐ Acute symptoms (pain, sensitivity, swelling)
- ☐ Periapical radiolucency
- ☐ Pulp exposure
- ☐ Tooth has been previously opened
- ☐ Previous endodontic treatment
- ☐ Other _____

Comments/Requested Coronal Restoration:

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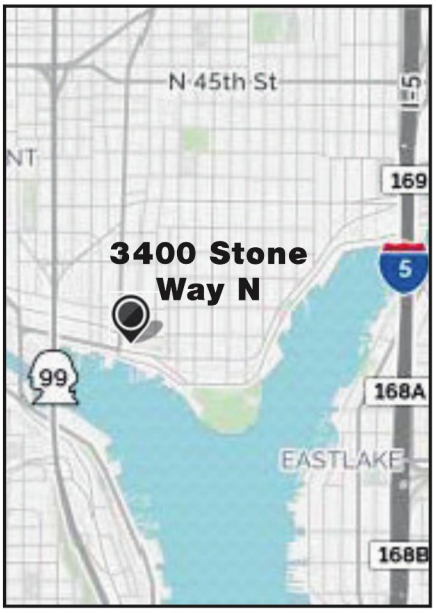

Patients can log onto our secure website and conveniently complete Patient Registration, Medical History and Pain History online prior to the appointment. Please contact our office for an ID and Password.