Endodontic Care, P.C.

Christopher N. Bissada, D.D.S., M.D.S.
Urania R. Funteas, D.D.S.
Winna G. Gorham D.M.D., M.S.

Referring Doctor:_____ Date of Referral:___/____/___

Introducing:_____

Appointment Date:_____ Time:_____ Office:_____

Please do not take any pain relievers 12 hours prior to your appointment.
Please bring this with you to your appointment.

Upper

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Lower

- ❒ Endodontic consult, Diagnosis uncertain
- ❒ RCT appointment, Diagnosis confirmed
- ❒ Dental implant consult

Present Status:

- ❒ Pulp exposed
- ❒ Diagnosis uncertain
- ❒ Suspect fracture
- ❒ Bridge/Crown is cemented on: ❒ Temporarily ❒ Permanently

Requested Procedure:

- ❒ Endodontic treatment, Non-surgical
- ❒ Endodontic retreatment
- ❒ Post removal / post space
- ❒ Endodontic microsurgery
- ❒ Dental implant(s)

Restoration intended: ❒ Crown ❒ Other _____

Post space requested: ❒ Yes ❒ No ❒ Determine at time of treatment

Comments:_____

_____

_____

- ❒ Please mail final treatment radiograph
- ❒ Please email final treatment radiograph

❁ Map on reverse ❁