

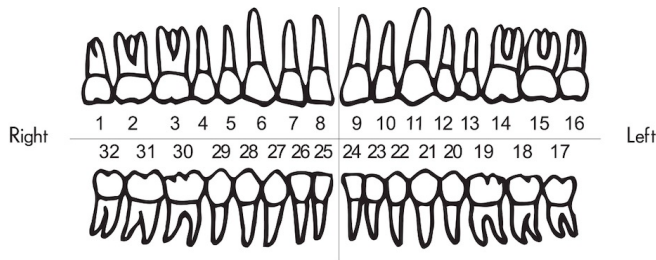
Today's date: .....

Patient name: .....

Appointment date: .....

**This time is reserved specifically for you. If by necessity you must cancel your appointment, please notify us at least 24 hours in advance.**

Referring doctor: .....



PLEASE SEE REVERSE SIDE FOR PATIENT INFORMATION AND A MAP TO OUR OFFICE

Additional comments: .....

- Evaluate only
- Call Referring Doctor After Evaluation

Evaluate And Treat As Necessary (Check Potential Treatment Below)

- Root Canal Therapy
- Retreatment
- Periapical Surgery
- Internal Bleaching
- CBCT Scan Requested
- Prepare Post Space
- Place Core Buildup

Please Circle All That Apply: Patient Has Sensitivity / Pain / Swelling  
 Tooth Was Accessed / Instrumented

Existing Restoration:

- Crown / Bridge:  Temporary  Permanent
- Cement:  Temporary  Permanent

