ACE | Advanced Clinical Endodontics

KATY

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Website: www.aceendokaty.com

Date: _____

Patient Name: _____ DOB: _____ Phone Number: _____

Referred by Dr.: _____ Office Number: _____

Pending Claims: $_____

Referred For Tooth/Teeth #: _____

Upper

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

Lower

Reason For Referral

- ☐ Consultation
- ☐ Root Canal Treatment
- ☐ Re-Treatment
- ☐ Root Canal Treatment for Restorative Purposes
- ☐ CBCT Scan only
- ☐ Apicoectomy
- ☐ Internal Bleaching

Access Closure

- ☐ Temporary Filling
- ☐ Core Buildup
- ☐ Leave Post Space
- ☐ Post + Core Buildup

Other Considerations

- ☐ Possible Fracture
- ☐ Concerns About Restorability
- ☐ Pre-Medicate
- ☐ Sedation

May we reduce the occlusion? Yes ☐ No ☐

Comments: _____

_____

_____

200 Bella Katy Dr. Katy, TX 77494