



# SIERRA ENDODONTICS

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## Endodontic Referral

Patient \_\_\_\_\_ Phone \_\_\_\_\_

Date of Referral \_\_\_\_\_ Tooth# \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Diagnosis \_\_\_\_\_

### Patient's primary symptoms

- |   |   |
|---|---|
| <input type="checkbox"/> Hot              | <input type="checkbox"/> Swelling       |
| <input type="checkbox"/> Cold             | <input type="checkbox"/> No Symptoms    |
| <input type="checkbox"/> Spontaneous Pain |   |
| <input type="checkbox"/> Biting Pressure  | <input type="checkbox"/> Comments _____ |

Is this a Retreatment  Yes  No  
Date of Original Root Canal \_\_\_\_\_

### Services Requested (please check one or more)

- Treat as indicated
- Elective endodontic treatment
- Evaluation Only

### Would you like a (please select only one)

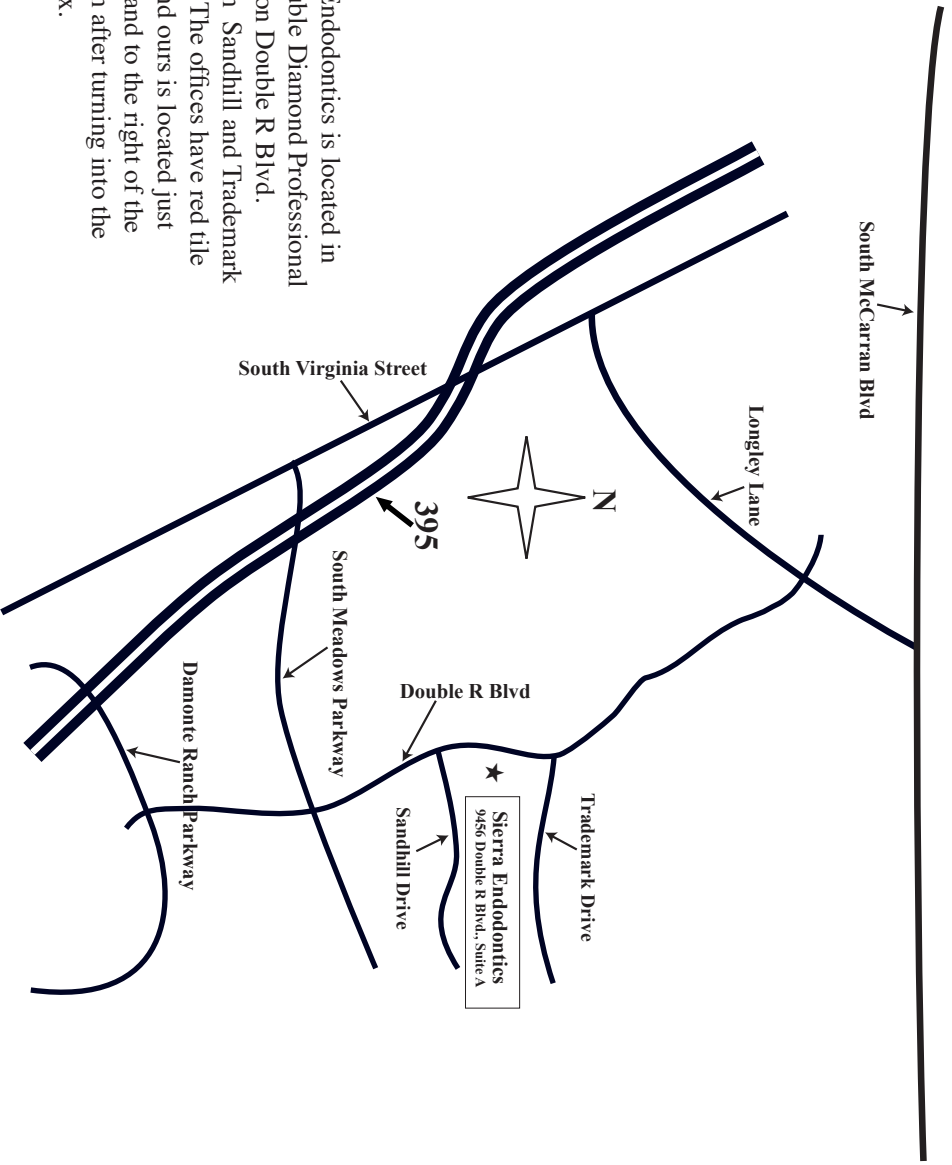
- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Build up   | <input type="checkbox"/> Final Filling   |
| <input type="checkbox"/> Post Space | <input type="checkbox"/> Post & Build up |

### Planned restorative treatment after endodontic treatment:

- Crown
- Replace existing crown
- Amalgam
- Composite

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

SEE MAP ON BACK



Sierra Endodontics is located in the Double Diamond Professional Center on Double R Blvd. between Sandhill and Trademark Drives. The offices have red tile roofs and ours is located just behind and to the right of the fountain after turning into the complex.