



FIVE CITIES ENDODONTICS

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Arroyo Grande, CA 93420
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Patient: _____ Phone: _____

Referred by Dr. _____ on _____

TODAY'S DATE

Appointment: _____
DATE TIME TOOTH #
am pm

REFERRED FOR:

- Consult + Treatment as Needed
- Consultation Only
- RCT Required for Restoration
- Root Canal Therapy
- Endodontic Retreatment
- Endodontic Microsurgery / Apico
- Endodontic Regeneration
- Internal Bleaching

PERTINENT HISTORY

- Emergency. Schedule ASAP**
- Pain and/or Swelling
- Radiographic Lesion
- Suspect Fracture
- RCT Initiated
- Pulp Exposure
- Dental Anxiety

RADIOGRAPHS

- Sent by Email/Mail
- Given to Patient
- Take New Radiographs

RESTORABILITY

- Restorability has been evaluated
- If non-restorable, refer to OS/Perio

EXISTING RESTORATION

- Crown/Bridge is Temporarily Cemented
- Crown/Bridge Replacement Planned

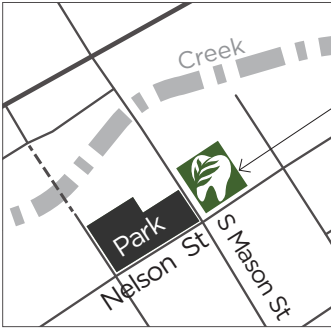
SERVICE REQUESTS

- Core Buildup
- Restore Endodontic Access Only
- Post and Core Build Up
 - Metal
 - Fiber
 - No Preference
- Temporary Filling Only
- No Orifice Barrier
- Leave Post Space
- Please Call Prior to Treatment

Comments

Location





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* Free Parking Behind Office



Please provide 48 hours advanced notice if you are unable to keep your appointment.

Thank you for trusting us to care for your patients.

