

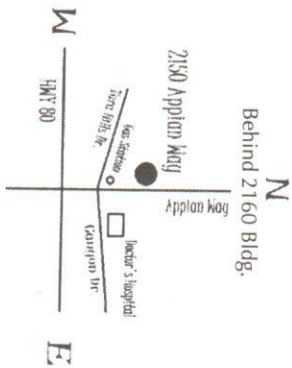


PINOLE ENDODONTICS

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MICROSURGERY**

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Date _____

Introducing _____

Telephone Home _____ Business _____

Referred by Dr. _____ Telephone _____

Appointment Date/Time _____

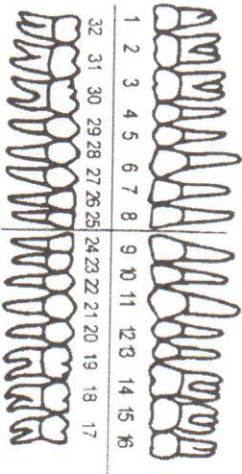
Patient to call

White: Dr. Yeh's copy Yellow: patient's copy Pink: Referring Dr's copy

Services already performed:

- P/t has toothache
- P/t is/was on Antibiotics (_____)
- P/t is/was on Analgesic (_____)
- Pulp was exposed
- Tooth was opened, medicated, and sealed
- Tooth is open for drainage
- X-ray revealed radiolucency
- Other _____

Please mark tooth to be treated:



- Tooth # _____
- X-ray enclosed

Treatment to be performed

- Diagnosis
- Evaluation for treatment
- Definite root canal treatment
- Definite surgery
- Post and core build up
 - Titanium Fiber
- Leave post space
- Call to discuss
- Other _____

Remarks: _____

