

II



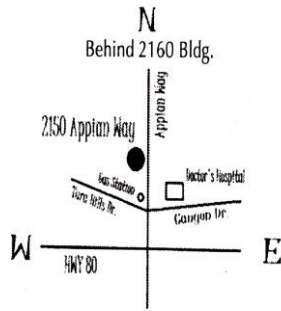
PINOLE ENDODONTICS

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**ENDODONTICS &
MICROSURGERY
IMPLANTOLOGY**

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III



Date _____

Introducing _____

Telephone Home _____ Business _____

Referred by Dr. _____ Telephone _____

Appointment Date/Time _____

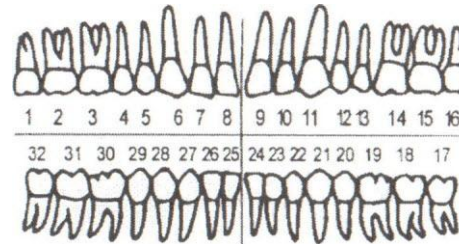
Patient to call

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

Services already performed:

- P't has a 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

X-ray emailed

Treatment to be performed

- Evaluation for treatment
- Definite root canal treatment
- Definite surgery
- Post and core build up
- Leave post space
- Restore as needed
- Implant placement
- Cone Beam Volumetric Scans
- Call to discuss
- Other _____

Remarks: _____
