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DIPLOMATES, AMERICAN BOARD OF ENDODONTICS

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Introducing _____

Phone: (H) _____ (C) _____

Email: _____

Referred by Dr. _____

Today's Date _____ Tooth # _____

Appointment Date & Time _____

Pertinent History:

- ☐ Patient has pain and/or swelling
- ☐ Patient has a vague toothache
- ☐ Periapical radiolucency present
- ☐ Pulp has been exposed
- ☐ Tooth has been opened

Endodontic Treatment:

- ☐ Consultation only
- ☐ Nonsurgical endodontic treatment is indicated
- ☐ Endodontic retreatment is indicated
- ☐ Evaluate for surgical endodontics
- ☐ Root canal treatment required for restoration

Restoration Following Endodontics:

- ☐ Place temporary restoration
- ☐ Prepare post space
- ☐ Place amalgam/composite core restoration
- ☐ Place post and core build-up

Sedation:

- ☐ Patient is interested in nitrous oxide sedation
- ☐ Patient is interested in oral sedation
- ☐ Patient is interested in IV sedation

X-Rays:

- ☐ Sent with patient
- ☐ Sent by mail
- ☐ Sent by email

Referrals:

- ☐ Please send additional referral forms
- ☐ Please send additional sedation brochures

Comments: _____

Dental Insurance Carrier: _____

Group No: _____

See Reverse For Maps and Parking