PRECISION ENDODONTICS

DR. RACHEL STOCKHAUSEN
DR. SARMAD ALYAS-ASKAR
37641 PEMBROKE AVE., LIVONIA, MI 48152
PHONE 734-744-9447
FAX 734-744-9446
OFFICE@PRECISIONENDOMI.COM
WWW.PRECISIONENDOMI.COM

DATE _____ PLEASE CALL ME ☐

INTRODUCING _____

APPOINTMENT DATE _____ TIME _____

REFERRING DOCTOR _____

REFERRING DOCTOR PHONE # _____

PLEASE MARK TEETH OR AREA TO BE TREATED

	MOLARS		RIGHT BICUSPIDS			ANTERIORS					LEFT BICUSPIDS			MOLARS		
UPPER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
LOWER	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

☐ EVALUATE AND TREAT

☐ EVALUATE FOR POSSIBLE SURGERY

☐ PATIENT HAS/HAD PAIN, SWELLING

☐ POST REMOVAL

☐ RADIOLUCENCY NOTED IN THE RADIOGRAPH

☐ ROOT CANAL TREATMENT HAS BEEN STARTED

☐ CROWN/BRIDGE IS TEMPORARILY CEMENTED

☐ PREVIOUS ROOT CANAL REQUIRING RETREATMENT

☐ PREPARE A POST SPACE

COMMENTS _____

_____

_____

☐ SEND MORE REFERRAL BOOKS