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referrals@pacificendo.com • www.pacificendo.com

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient**

\_\_\_\_\_  
**Patient Email**

\_\_\_\_\_  
**Patient Phone**

\_\_\_\_\_  
**Referring Doctor**

\_\_\_\_\_  
**Appointment Date & Time**

\_\_\_\_\_  
**Tooth/Area**

**History**

- |  |  |   |
|--|--|---|
| <input type="radio"/> Pain                   | <input type="radio"/> Apical Radiolucency    | <input type="radio"/> Traumatic Injury    |
| <input type="radio"/> Hot / Cold Sensitivity | <input type="radio"/> Previous Root Canal    | <input type="radio"/> Crack / Fracture    |
| <input type="radio"/> Swelling               | <input type="radio"/> Periodontal Conditions | <input type="radio"/> Pulp Exposure / Cap |

**Treatment Done**

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="radio"/> New Filling            | <input type="radio"/> Pulpotomy  | <input type="radio"/> Occlusion Adjustment |
| <input type="radio"/> Crown Prep / New Crown | <input type="radio"/> Pulpectomy | <input type="radio"/> Incision & Drainage  |

Rx Antibiotic: \_\_\_\_\_ Rx Analgesic: \_\_\_\_\_

**Treatment Requested**

- |   |  |  |
|---|--|--|
| <input type="radio"/> Eval and Treat as Necessary     | <input type="radio"/> CBCT Imaging         |  |
| <input type="radio"/> Eval for Re-Tx / Apical Surgery | <input type="radio"/> Conscious Sedation   |  |
| <input type="radio"/> Eval for EXT / Grafting         | <input type="radio"/> Internal Bleaching   | <input type="radio"/> Do Post / Core Buildup |
| <input type="radio"/> Eval for Implant                | <input type="radio"/> Phone following exam | <input type="radio"/> Leave post space       |

**Radiographs**

- E-mailed to: referrals@pacificendo.com     With Patient     Not Taken

**Comments:** \_\_\_\_\_

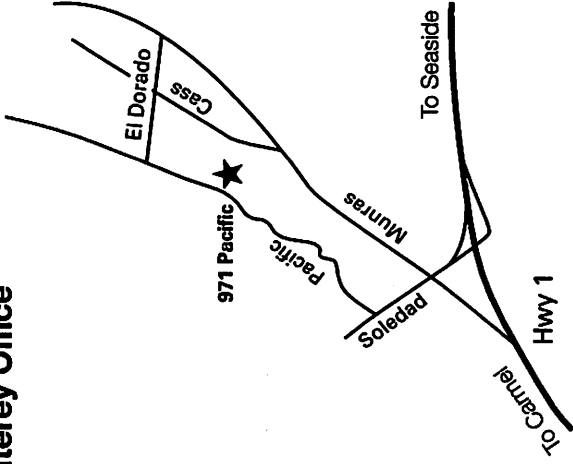
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\_\_\_\_\_

\_\_\_\_\_

## Monterey Office



- Bring this slip to your appointment.
- Minors (under 18) must be accompanied by a parent or legal guardian.
- Take your premedication one hour prior to appointment if required.
- Patients with insurance are required to bring all necessary cards and/or forms to their first appointment.

### **Payment Policy:**

Patients with insurance are required to pay their estimated portion at time of service. Patients without insurance are required to pay in full upon completion of treatment.

## Salinas Office

