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DIPLOMATE, AMERICAN BOARD OF ENDODONTICS
A PROFESSIONAL CORPORATION
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Introducing _____
Phone: (H) _____ (W) _____
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
- Antibiotic and/or analgesic has been prescribed

Endodontic Treatment:

- Consultation
- Evaluate for nonsurgical endodontics
- Evaluate for endodontic retreatment
- Evaluate for surgical endodontics
- Endodontics required for restoration
- Treat as necessary

Restoration Following Endodontics:

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

Anesthesia:

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

X-Rays:

- Sent with patient
- Sent by mail

Comments: _____

Dental Insurance Carrier: _____

Group No: _____

- Please send additional referral forms

See Reverse For Maps and Parking