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E N D O D O N T I C S

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Date: _____

Ref. Dr: _____ Office number: _____

Patient: _____ Tooth #(s): _____

Treatment Options

- Consultation only
- Root canal therapy
- Retreatment
- Post Removal
- Apicoectomy
- Internal bleaching

Reason for Referral

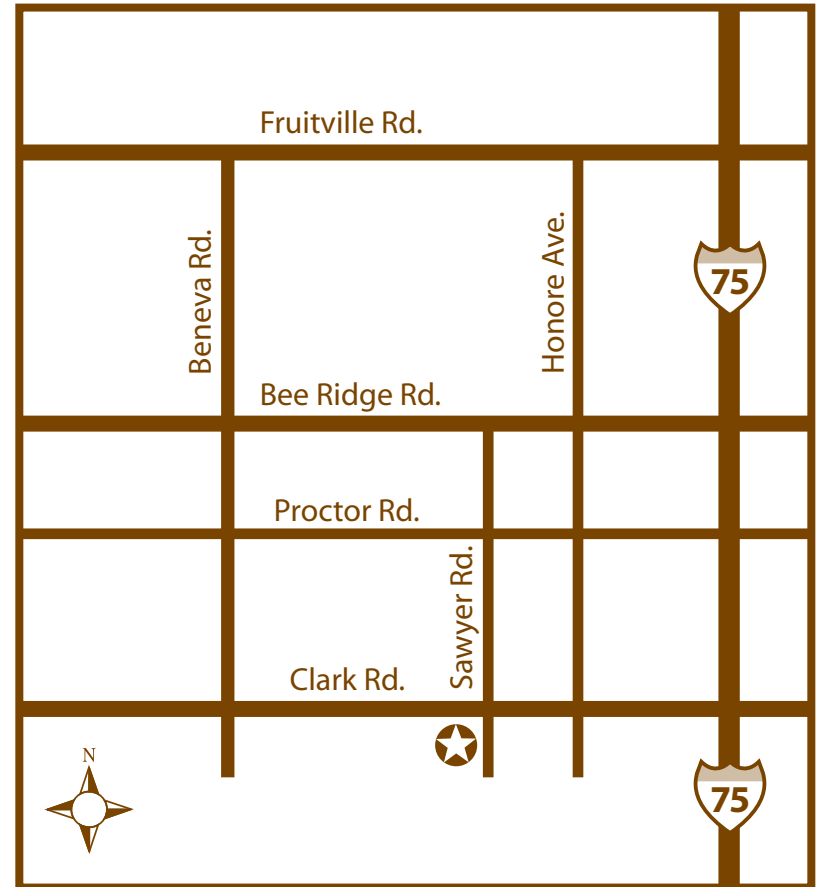
- Patient has pain, swelling or thermal sensitivity
- Carious exposure of the pulp
- Endodontics necessary for restorative purposes
- X-ray revealed a radiolucency

Restorative Considerations

- Tooth has a crown or is a bridge abutment;
 - Treat through the crown
 - Remove crown or bridge if needed, new restoration is planned
 - Crown or bridge is temporary, remove for treatment.
- Prepare post space.

Special Instructions: _____

Directions on Back



The office is located in the
 office complex at the intersection of
Clark and Sawyer
 Turn south onto Sawyer Road.
 We are the 2nd driveway on the right.
**(OUR BUILDING FACES SAWYER - LETTERS
 ON BUILDINGS DO NOT GO IN ORDER)**