



MARINEYDA OYOLA, DMD
SARASOTA ENDODONTICS

Date: _____

Ref. Dr.: _____ Office number: _____

Patient: _____ Tooth #(s): _____

TREATMENT OPTIONS

- | | | |
|---|-------------------------------|---|
| <input type="checkbox"/> Consultation only | <input type="checkbox"/> CBCT | <input type="checkbox"/> Post Removal |
| <input type="checkbox"/> Root canal therapy | | <input type="checkbox"/> Apicoectomy |
| <input type="checkbox"/> Retreatment | | <input type="checkbox"/> 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: _____

MAP 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.**

SARASOTA ENDODONTICS

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