



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 to 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: \_\_\_\_\_

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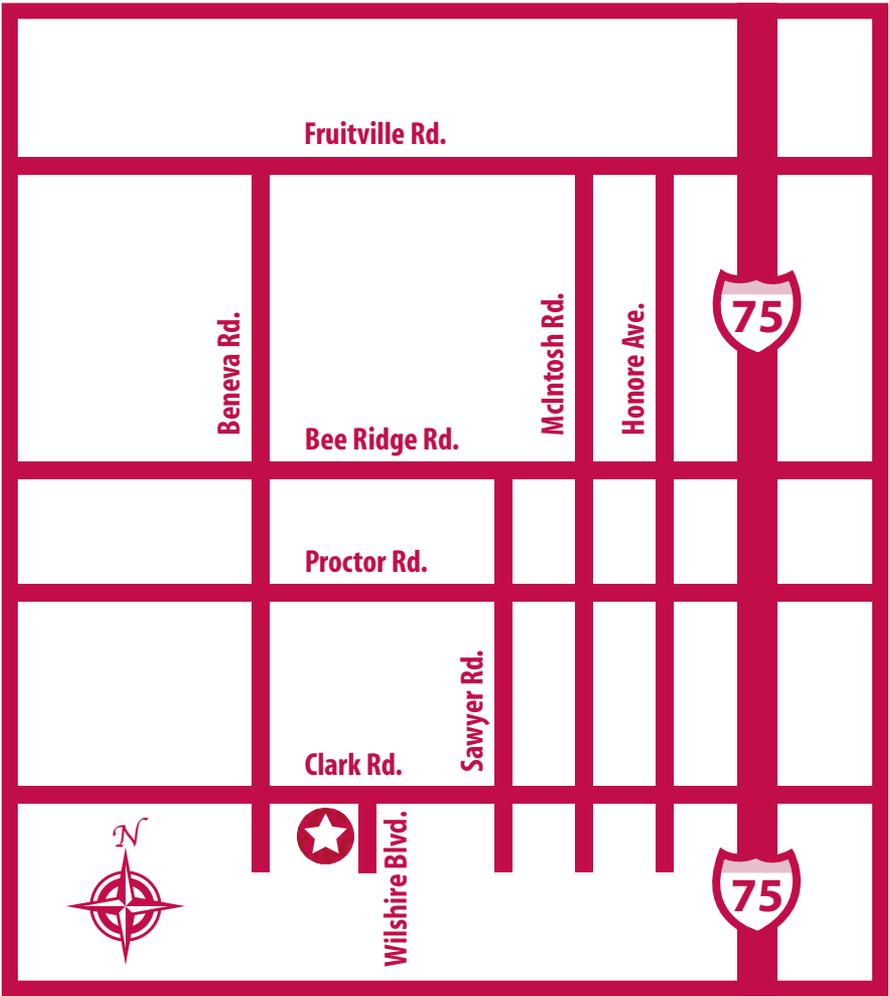
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MAP DIRECTIONS ON BACK...

3900 Clark Road, Building A • Sarasota, FL 34233  
Tel: (941) 922-4948 • Fax: (941) 225-8743 • [www.sarasotaendodontics.com](http://www.sarasotaendodontics.com)



The office is located in the office complex at the intersection of Clark and Wilshire.

Turn South onto Wilshire Blvd. and our building will be on the right side.

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