



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

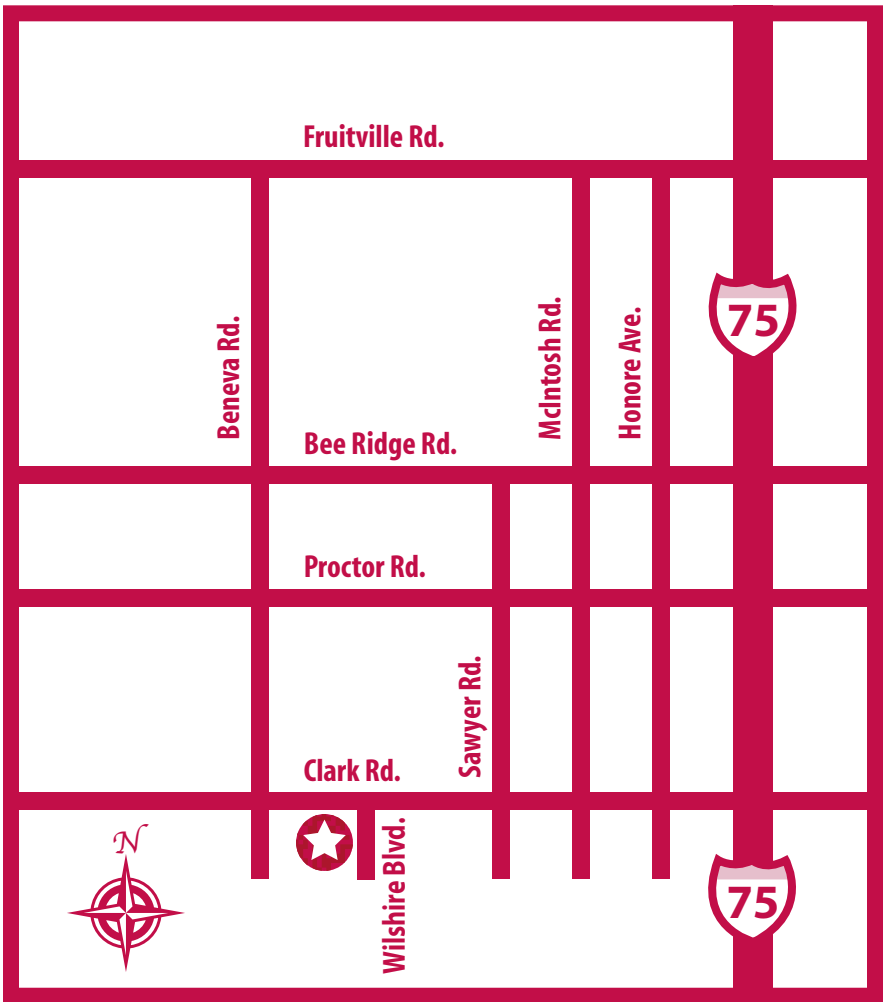
RESTORATIVE CONSIDERATIONS

- ☐ 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: _____

MAP DIRECTIONS ON BACK...

3900 Clark Road, Building A • Sarasota, FL 34233
Tel: (941) 922-4948 • Fax: (941) 225-8743 • 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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