

SEATTLE ENDODONTIC ARTS

REFERRING DOCTOR

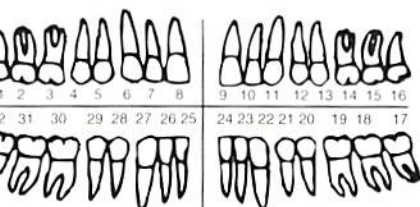
PATIENT

DATE

PERTINENT HISTORY

RESTORATIVE PLAN

TOOTH NUMBER & NAME



REASON FOR REFERRAL

- Acute Symptoms
- Chronic Symptoms
- Radiolucency
- Traumatic Injury
- Treatment Complications
- Carious/Mechanical Exposure
- Other

PROCEDURES COMPLETED

- Root Canal Started
 - Left Open
 - Closed
- Incised & Drained
- Root Canal Completed
- Medication Prescribed

PROCEDURES NEEDED

- Evaluation Only
- Evaluate & Treat as Necessary

SEATTLE ENDODONTIC ARTS

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APPOINTMENT

DATE _____

TIME _____



I-5 SOUTH Exit 166 - STEWART ST
 I-5 NORTH Exit 165A - SENECA ST
 I-90 to I-5 NORTH (Exit 164)
 Then Take MADISON ST EXIT