



Riverside Endodontics

Arthur D. Gage, D.D.S.
Nicole A. Karr, D.M.D.
3731 Tibbetts St., Ste. 11
Riverside, CA 92506

Tel (951) 787-0440
Fax: (951) 787-8312
<http://www.rivendo.com>

Introducing:

Tel: _____

Referring Doctor: _____

Appointment

Day: M Tu W Th F

Date: _____

Time: _____

Please avoid taking any pain medication for six (6) hours prior to your consultation appointment.

Tooth/Area: _____

Right								Left							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Age of existing restoration: _____

History:

- Pain
- Swelling/Sinus Tract Stoma
- Pulp Exposure
- Pulp Cap
- Periradicular Radiolucency
- Fracture
- Trauma
- Periodontal Condition

Treatment Requested:

- Diagnostic Consultation
- Intentional Endodontics
- Treat As Needed
 - Non-Surgical
 - Surgical

Treatment Previously Completed:

- Occlusion Adjusted
- Sedative Dressing Placed
- Pulp Extirpated
- Canals Instrumented
- Incision & Drainage
- Rx Antibiotic _____
- Rx Analgesic _____

- Provide Post Space
- Provide Build-up without Post
- Provide Build-up with Post
- Other _____

- Call prior to examination
- Call following examination
- Please send additional referral slips