



4241 Long Beach Blvd, Long Beach, CA 90807
(562) 612-4320 • Fax (562) 612-4203

Date: _____

Introducing: _____

Referred by Dr.: _____

Doctor's Phone: _____

Tooth in question: _____

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

DENTAL HISTORY:

- Pain
- Apical radiolucency
- New crown to be made
- Crown lengthening has been advised
- Other _____
- Pulp exposure
- Trauma / fracture
- Periodontal condition

TREATMENT CARRIED OUT SO FAR:

- Occlusion adjusted
- Pulpotomy
- Incision - drainage
- Other _____
- Pulp extirpation
- Canals filled

REFERRED FOR

- Consultation Only
- Root Canal Treatment
- Root Canal Re-Treatment
- Surgical Endodontics
- Post Build-Up
- Post Space
- Assist with Diagnosis
- Phone me following examination
- Other _____

RVE-02

OVER

www.rootvisionendo.com

Patient's Name: _____

Today's Date: _____

Appointment Scheduled for:

Day: _____ Date: _____ Time: _____

Endodontists:

Hoon Sagong, D.D.S.



American Association
of Endodontists



4241 Long Beach Blvd, Long Beach, CA 90807
(562) 612-4320 • Fax (562) 612-4203
www.rootvisionendo.com