

F. Mike Bardi, D.D.S., Inc. & Associates



607 N. Tustin St. • Orange, CA 92867
 Tel: (657) 221-0751 Fax: (657) 221-0754
 www.rootvisionendo.com

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 _____

RV-02 **OVER**

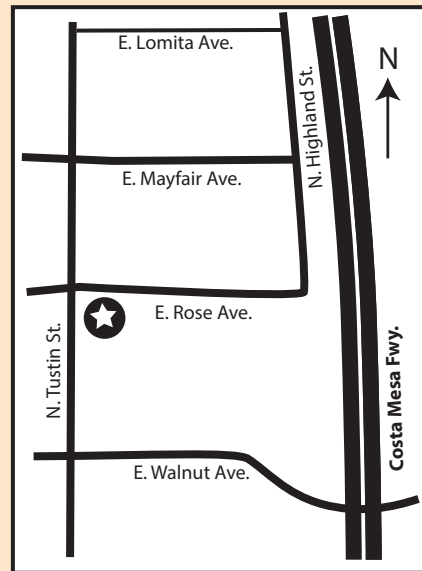
Patient's Name: _____

Today's Date: _____

Appointment Scheduled for:

Day: _____ Date: _____ Time: _____

Endodontists:
 Richard Pak, D.D.S.



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CELL / EMERGENCY CONTACT WHEN OFFICE LINES ARE DOWN PLEASE CALL
(213) 654-6890