SURF CITY ENDODONTICS

Dr. Christopher B. Olson

Patient Name: ____________________________________

Patient Phone: ____________________ Date: ________________

Referring Doctor: __________________ Tooth: ________________

PLEASE PERFORM THE FOLLOWING SERVICES

- ☐ Exam and consultation only
- ☐ Diagnose and treat as indicated
- ☐ Endodontic retreatment or surgery
- ☐ Prophylactic preventative endodontic therapy
- ☐ Other

PLEASE PERFORM THE FOLLOWING SERVICES

- ☐ Patient is having pain, treat as needed
- ☐ Pulp was exposed
- ☐ Tooth previously accessed
- ☐ Non-vital bleeding
- ☐ History of trauma
- ☐ Place coronal seal
- ☐ Place post build up
- ☐ Cone beam image (CBCT)

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