MIDTOWN ENDODONTICS

Harkeet S. Sappal, D.D.S.
Inderpal S. Sappal, D.D.S.

2525 K Street. • Suite 302 • Sacramento, California 95816 • Tel.916.446.6143 • Fx. 916.446.6143

Patient: _____ D.O.B _____ Referral Date: _____

Patient Phone #: _____ Patient Email: _____

Referring Dr. _____ Office Phone #: _____

Referring Dr. Email: _____ Patient is (Please circle):

Appt Date/Time: _____ ☐ New / Existing ☐

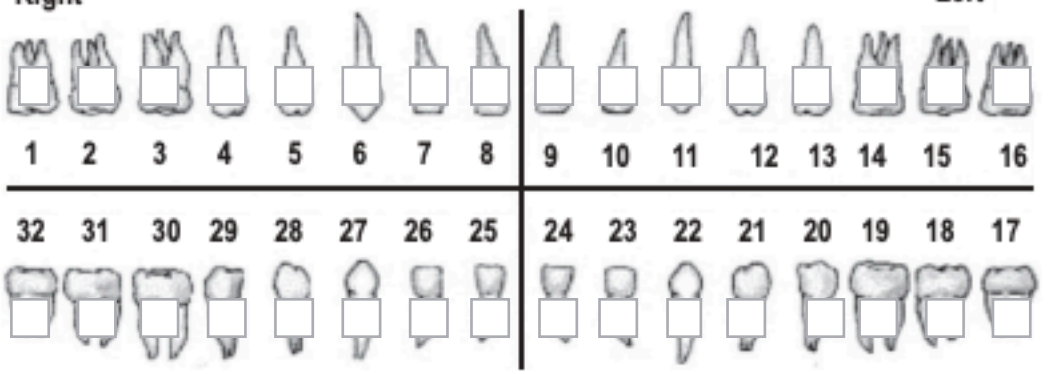
Radiographs are (please circle): Email ☐ / Mail ☐ / Sent with Patient ☐

Preference of Contact for Final Report (please circle): Email / Fax / Mail

☐ ☐ ☐

Circle Tooth For Evaluation

Right **Left**



Reason for Referral:

- ☐ Evaluate only
- ☐ Evaluate / Treat as Needed
- ☐ Evaluate for Endodontics Surgery
- ☐ Take CBCT Scan

Definitive Endodontic Treatment Needed:

- ☐ Periapical Radiolucency Present
- ☐ Pulp Exposure / Tooth Prev- Opened
- ☐ RCT Required for Proper Restoration
- ☐ Previous Endo

Restorative Instructions:

- ☐ Place Post and / or Build-Up
- ☐ Leave Post Space
- ☐ Place Cavit or IRM in Access Cavity

Miscellaneous:

- ☐ Crown / Bridge is Cemented Temp
- ☐ Crown / Bridge is Cemented Perm
- ☐ Call to discuss
- ☐ Possible Fracture

Insurance Subscriber: _____

Carrier _____

Subscriber DOB: _____ Subscriber ID: _____

☐ Additional Notes: _____