

EMILY W. TYLER, DMD
Board Certified Endodontist



**OCEANSIDE
ENDODONTICS**
St. Augustine

BETHANY A. DOUGLAS, DMD
Board Certified Endodontist

Patient Name: _____ Date: _____ Referred by Dr. _____

Call Pt to Schedule

Pt will call to schedule

Patient Phone: _____ Email: _____

Insurance? Y / N Ins. Company: _____ Member ID# _____

For Endodontic Consideration on:

MOLARS			BICUSPIDS		ANTERIORS						BICUSPIDS		MOLARS		
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

STATUS

- Symptomatic
- Pulp Exposure
- X-ray Shows Lesion
- Pre-prosthetic Treatment
- Previous Root Canal Treatment

DESIRED TREATMENT

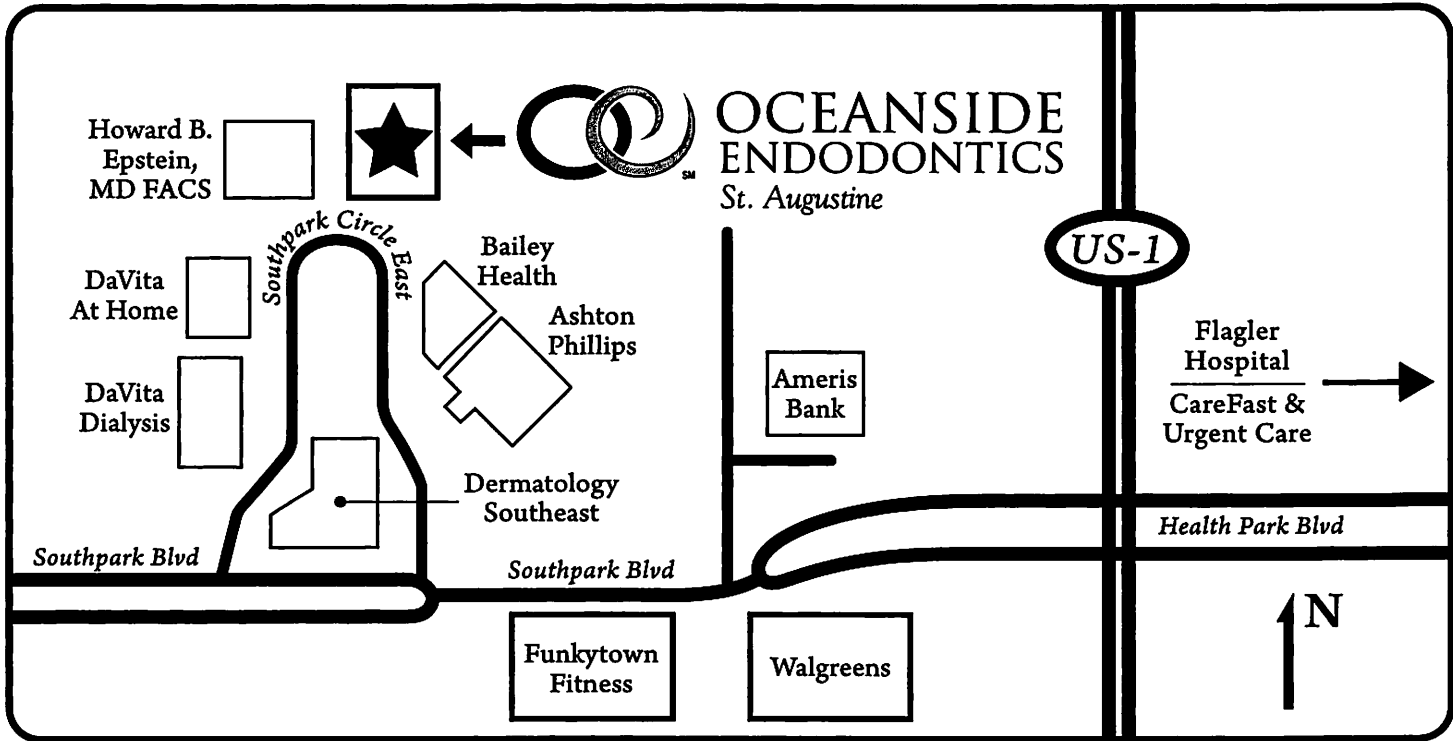
- Consult Only
- Root Canal Therapy
- Retreatment (Consult)
- Endodontic Surgery (Consult)
- CBCT Scan

DESIRED RESTORATION UPON COMPLETION OF RCT

- Temporary Filling **
- Post Space Preparation
- Composite/Amalgam
- Post & Core

**A temporary filling will be placed unless indicated.

Comments: _____



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