Please Fax this form to 469-830-1427 and give a copy to patient

ENDODONTIC SPECIALISTS OF FRISCO

255 Lebanon Road
Suite 308
Frisco, TX 75036

(Practice limited to Endodontics only)
Shaveta Sethi, BDS, MDS, Cert. Endo (UPenn)
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★ **In-Network with Most Insurance Plans**

Phone: (469) 830-1425
Fax: (469) 830-1427
www.endofrisco.com
Email: office@endofrisco.com

Patient's Name: _____

Patient's Phone #: _____

Referred By: _____

Doctor's Phone #: _____

Tooth # or Area: _____

ENDODONTIC CONSIDERATIONS

- ☐ Pain / Discomfort
- ☐ Periapical radiolucency
- ☐ Pulp exposure
- ☐ Endodontic treatment initiated
- ☐ Previously Treated
- ☐ Trauma

TREATMENT REQUIRED

- ☐ Evaluation
- ☐ Root canal treatment
- ☐ Retreatment
- ☐ Consider surgical endodontics
- ☐ Place temporary restoration
- ☐ Permanent build up (Composite)
- ☐ Leave post space
- ☐ Restorability questionable due to limited tooth structure

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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Remarks: _____

☐ Please send more referral pads.

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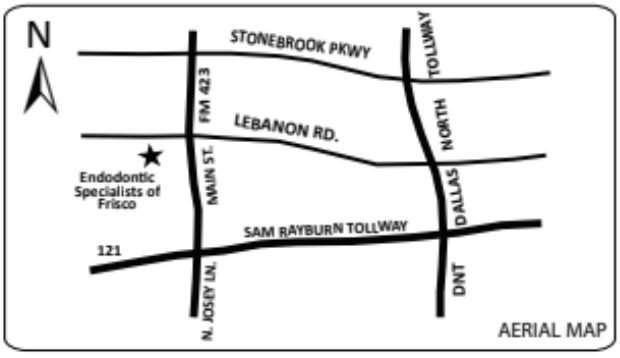
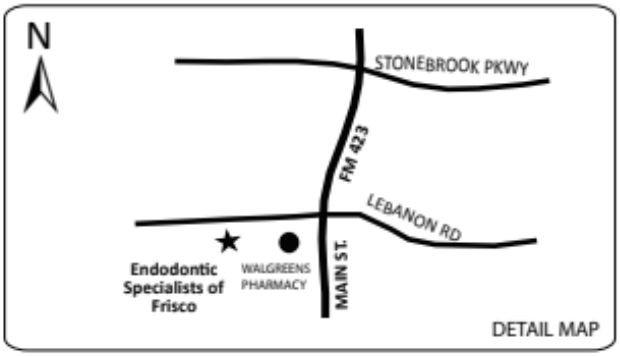


AERIAL MAP



DETAIL MAP