

TORREY PINES MICROENDODONTICS

11199 SORRENTO VALLEY ROAD, SUITE 204, SAN DIEGO, CALIFORNIA 92121 PHONE.858.626.8155 FAX 858.626.8166 WWW.TPENDO.COM

Keven S. Herold, DDS
Lucas M. Brand DDS, MS



SPECIALIST MEMBER

Date _____

Introducing _____

Patient Phone _____

Referring Dr. _____

*** No pain medication six hours before consultation**

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Email xrays to: xray@TPEndo.com

Remarks _____

ENDODONTIC CONSIDERATIONS:

- Patient has pain to:
 - cold heat pressure swelling
- Tooth has been previously opened
- X-ray revealed radiolucency
- Previous root canal Other

TREATMENT REQUESTED:

- Diagnosis only Treatment
- Prepare post space
- Permanent restoration

Appointment Date:

Day _____ Date _____ Time _____

Please Send more referral slips

www.TPEndo.com

White: Patient's copy Yellow: Doctor's copy

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