



Practice Limited to Endodontics

Westchester Endodontics
8540 S. Sepulveda Blvd., Suite 1210
Los Angeles, CA 90045

Tel.: (424) 253-ENDO (3636)

Fax: (424) 227-9484

www.WestchesterEndodontics.com

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PLEASE BRING THIS FORM TO YOUR APPOINTMENT

Date _____ Patient Name _____

Referring Dr. _____ Tel. _____

Appointment Date _____ Time _____ ☐ AM ☐ PM

TOOTH NUMBER OR AREA FOR CONSIDERATION

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

☐ Upper Right ☐ Lower Right ☐ Upper Left ☐ Lower Left

Is the tooth treatment-planned for a crown restoration? ☐ Yes ☐ No

SERVICE REQUESTED

- | | |
|---|--|
| ☐ Consultation Only | ☐ Intentional Endodontics For Restorative Reasons |
| ☐ Consultation & Treat As Needed | ☐ Leave Post Space |
| ☐ Root Canal Treatment | ☐ Place Build-Up |
| ☐ Retreatment | ☐ Place Build-Up & Post (Fiber/Metal) |
| ☐ Endodontic Surgery | ☐ CBCT (3D IMAGING) |

COMMENTS _____



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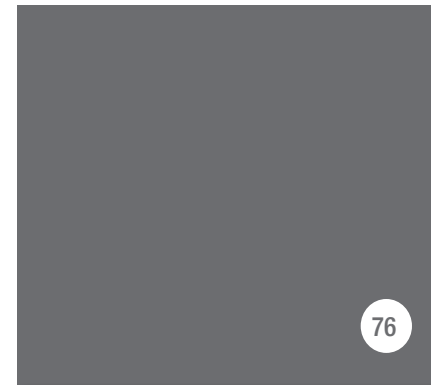
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Scan & Go