



Pacific Coast Endodontics

A Professional Corporation

Reed Cummings, DDS, MS

15 Mareblu, Suite 220
Aliso Viejo, CA 92656
Office (949) 360-9924
Fax (949) 362-9947
office@pacificcoastendo.com

Patient Name _____ Date _____

Phone #s H _____ W _____

Referring Doctor _____

- Patient will call
- Please call patient
My appointment

Date _____

Time _____

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

Circle tooth / area

ABOUT THE TOOTH:

- SYMPTOMATIC
- ASYMPTOMATIC
- PRIOR RCT

REFERRED FOR:

- Endodontic Treatment as needed
- Endodontic Re-treatment
- Surgical Endodontics
- Perforation Repair
 - Internal (Non-surgical)
 - External (Surgical)
- Removal of
 - Post
 - Separated Instrument or Bypass

ADDITIONAL:

- Pulp Exposure - treat as needed
- Endodontics Requested for Restoration
- Root Fracture Analysis
- Post Space
- Post & Core Build-up
- Place Final Restoration

Comments: _____

E-mail Report to Referring Doctor at: _____

e-mail address

WHITE - Give to Patient

YELLOW - Keep in YOUR Patient Chart



American Association of Endodontists
Specialist Member

Instructions to Patient

1. Please call for your first appointment. If you have dental insurance, please let our office know and we will verify coverage prior to your appointment.
2. We request payment at the time services are rendered.
3. If you have any special needs or concerns please do not hesitate to call.

Please bring this slip with you. Thank you.



*Park in back of building