

Kingwood Dental Specialists

Oral Surgery • Endodontics • Periodontics



Date: _____

Referring Doctor: _____

Patient Name: _____

Contact #: _____

Scott Howell, DDS, DMS

Endodontics

- | | | |
|--|---|--|
| <input type="checkbox"/> Consultation/Diagnosis vague symptoms | <input type="checkbox"/> Pain | <input type="checkbox"/> Premedication Needed |
| <input type="checkbox"/> Root canal treatment | <input type="checkbox"/> Pulp exposure | <input type="checkbox"/> Physician Clearance Needed |
| <input type="checkbox"/> Retreatment evaluation | <input type="checkbox"/> X-ray evidence | <input type="checkbox"/> Medical alert/complications |
| <input type="checkbox"/> Tooth accessed/pulpotomy | <input type="checkbox"/> Post space needed | <input type="checkbox"/> Please call regarding patient |
| <input type="checkbox"/> Endo treat for restoration or perio | <input type="checkbox"/> Crown Placed: <input type="checkbox"/> Temp or <input type="checkbox"/> Perm | |
- May we reduce occlusion? Yes No Medications Given: _____

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

Duc N. Lam, DDS, MD

Oral and Maxillofacial Surgery

- Removal of teeth
- Exposure of teeth (*marked above*)
 - with ligature and bracket*
- Prosthetic surgery evaluation
- Orthognathic surgery evaluation
- Implant evaluation
 - with Abutment* *without Abutment*
- Pathology: _____

Andrew Dugum, DMD, MSD

Periodontist

- Periodontal Disease
 - Full mouth* Area: _____
 - Mucogingival Defects
 - Crown Lengthening #: _____
 - Implant
 - with Abutment* *without Abutment*
 - Pathology: _____

- Last SRP Date: _____
Last Perio Maintenance: _____

Notes: _____

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