

## **Choi Endodontics**

Endodontics & Microsurgery

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(408)647-8568 Cell/SMS	www.choiendo.com
Date:	
Patient's Name:	
Tooth:	
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
Past History/Treatment Rendered Opened For Drainage Previous Endodontic Treatment	
Requested Service  Consult Only Consult and treat as needed Cone Beam CT (circle one)  [full mouth   one arch   partial]	
Requested Restoration Leave Post Space Core Build up	Temporary Restoration Post and Core
Radiographs  Sent with patient Sent by email to: drchoi@choiendo.com Please take a new one	
Remarks:	
Referred By: Dr	
Phone Number	a
Email:	

