Kingwood Dental Specialists

Oral Surgery • Endodontics • Periodontics

Date: _____ Referring Doctor: _____

Patient Name: _____ Contact #: _____

Carolina Becerra DDS, MS

Endodontics

- ☐ Consultation/Diagnosis vague symptoms
- ☐ Root canal treatment
- ☐ Retreatment evaluation
- ☐ Tooth accessed/pulpotomy
- ☐ Endo treat for restoration or perio
- ☐ Pain
- ☐ Pulp exposure
- ☐ X-ray evidence
- ☐ Post space needed
- ☐ Crown Placed: ☐ *Temp or* ☐ *Perm*
- ☐ Premedication Needed
- ☐ Physician Clearance Needed
- ☐ Medical alert/complications
- ☐ Please call regarding patient

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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