

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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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