

**Silicon Valley Endodontics and Microsurgery**  
**Jason Kung, DDS, MS**

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**Patient** \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10
32	31	30	29	28	27	26	25	24	23

**Reason:**

- ☐ Consult only, no treatment
- ☐ CBCT imaging only, no treatment
- ☐ Consult and treat as indicated
  - ☐ Caries
  - ☐ Previously treated RCT
  - ☐ Periapical radiolucency
  - ☐ RCT for proper restoration
  - ☐ Crack
  - ☐ Trauma
  - ☐ Other: \_\_\_\_\_

**Miscellaneous:**

- ☐ Crown/Bridge cemented
- ☐ Temporary crown on tooth
- ☐ Anxious child/adult

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**Patient's Phone** \_\_\_\_\_

☐ Patient will call                      ☐ Please call patient

11	12	13	14	15	16
22	21	20	19	18	17

**Restorative Instructions**

- ☐ Place core build-up
- ☐ Place post + core buildup
- ☐ Leave post space
- ☐ Temporize, I will restore
- ☐ Use your judgment

**Referred by** \_\_\_\_\_

**Date** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

- ☐ Call/text me about case
- ☐ Send additional referral form



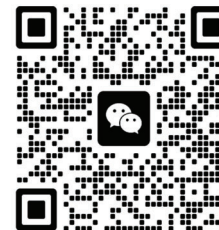
Direction to Here:



WhatsApp:



WeChat:



Line:



RedNote:

