

Endodontic

specialists of oakhurst



Ryan J. Franklin D.D.S., M.S.

Board Eligible With the American Board of Endodontics

Practice Limited to Root Canal Therapy and Endodontic Microsurgery

40315 Junction Drive., Suite G, Oakhurst, California 93644

Ph: 559.683.4700 • Fx: 559.683.4746 • www.endodonticspecialistsfoakhurst.com

Introducing: _____ Referred By: _____

Todays Date: _____ Appt Date: _____ Appt Time: _____

Below, Please Check **ALL** That Apply to Tooth #: _____

Symptomatology

- No Symptoms
- Thermal, Air, or Sugar Sensitivity
- Biting Pain
- Spontaneous Pain
- Intra or Extra-Oral Swelling
- Bad Taste or Draining Fistula

History of Tooth

- Decay Approximating the Pulp
- Occlusal Cracks or Cuspal Fractures
- Recent Crown or Restoration
- History of Previous RCTX
- Recent Pulp Cap, Pulpotomy, or Pulpectomy
- History of Trauma and/or Discoloration
- History of Periodontal Disease

Endodontic TX Requested

- Consult Only
- Root Canal Therapy
- Retreatment
- Apical Surgery
- Root Amputation/Hemisection

Restorative TX Requested

- Temporary Only
 - Include Post Space
- Restore Permanently
 - Include Post
 - Restore as needed
 - Include Preliminary Crown Prep
 - No Crown Prep (Restore w/full Contours)

Additional Comments or Requests:

CBCT Imaging

Image Requested

- Single Quadrant: Please indicate which tooth, teeth, or area: _____
- Full Arch: Please indicate upper or lower.

Purpose of Image

- To Inspect Dentition for Vertical Root Fracture.
- To Inspect Dentition for Pathology (Apical, Periodontal, or Both)
- To Inspect Osseous and Surrounding Anatomy for Non-Odontogenic Pathology (including Sinus)
- To Inspect Osseous and Surrounding Anatomy for Future Implant Placement

Additional Comments, Information or Requests:

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INSTRUCTIONS TO PATIENT

1. Please Call (559) 683-4700 for the FIRST Appointment.
2. Minors must be accompanied by parent or guardian at the first appointment.
3. If recent X-rays are not provided or have not been taken by your referring dentist, please expect a new radiograph to be taken.
4. Endodontic therapy may occasionally require more than one appointment.
5. Please bring any necessary insurance forms and related information.
Fees are payable **upon** completion of therapy.



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