



HARGREAVES
ENDODONTICS

PATIENT INFORMATION

REFERRING DENTIST

(PATIENT NAME)

(REFERRING DENTISTW)

(DATE OF BIRTH)

(OFFICE NUMBER)

(CONTACT NUMBER)

Yes No
IS THIS PATIENT URGENT CARE?

PATIENT IS REFERRED FOR THE FOLLOWING:

- Root Canal Therapy
- Retreatment
- Endodontic Surgery
- Intentional Replantation
- Vital Pulp Therapies
- Trauma Management

(PLEASE CIRCLE THE TEETH NEEDING TREATMENT)

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

WHEN TREATMENT IS COMPLETE:

ADDITIONAL COMMENTS:

- Restore Access Opening As Needed
- Prepare Post Space
- Place Temporary Restoration
- Place Post/Buildup As Needed

UPCOMING CARE

What is the next treatment this patient is scheduled for with your office?



HARGREAVES
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