Front

TRIM LINE

SAFE ZONE

5.5 x 8.5 trim size

EDGE ENDODONTICS

Yuliya Salmeron, DMD
Zhangrui (Zac) Liang, DDS
Root Canal Specialist

Patient _____ **Tooth #** _____

Referring Doctor _____ **Date** _____

Patient Contact _____

Reason For Referral

- ☐ Consultation
- ☐ Root Canal Treatment
- ☐ Retreatment
- ☐ Apicoectomy

This Tooth

- ☐ Has Pain
- ☐ Has a carious pulp exposure
- ☐ Apical Radiolucency
- ☐ Previous Root Canal Treatment
- ☐ Trauma / Fracture

After Root Canal Treatment

- ☐ Temporary Filling
- ☐ Core Build-Up
- ☐ Post / Core
- ☐ Leave Post Space
- ☐ Restore Access Through The Crown

Comments: _____



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SCAN ME

FRONT

TO ENSURE ACCURACY
*Please **view this PDF at 100%** and **print at actual size** - do not "shrink to fit."*