

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

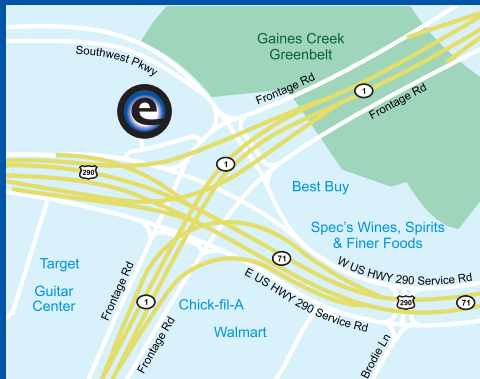
This Tooth

- 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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