



HERMOSA BEACH ENDODONTICS

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Today's Date _____ Introducing _____ DOB _____

Home Phone _____ Cell _____

Referring Doctor _____

Tooth No. _____

Appointment Date _____ Day _____ Time _____

ENDODONTIC REQUEST

- Consultation
- Root Canal Treatment
- Root Canal Retreatment
- Endodontic Surgery
- Apexification

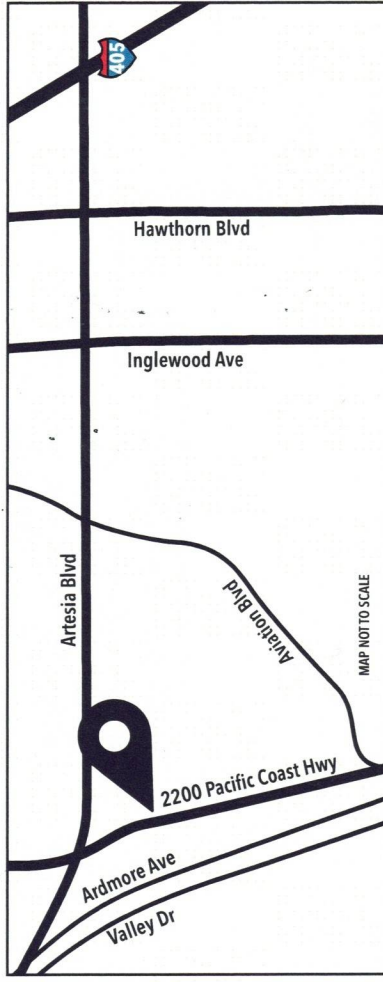
RESTORATIVE REQUEST

- Temporary Filling
- Composite Core Build-Up
- Post and Core Build-Up
- Post Space Only
- Internal Bleaching

Comments _____



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We would like to welcome you to Hermosa Beach Endodontics. Thank you for choosing our office to help you with your endodontic care.

Your first visit will include an in-depth medical and dental history, a thorough oral examination, and review of your most current x-rays (additional x-rays may be necessary at time of consultation) to provide a comprehensive treatment plan and address your endodontic needs.

Please assist us at the time of your initial visit by providing the following information:

- This referral document
- A list of medications you are currently taking
- If you have dental insurance, please bring any forms and insurance cards with you to the appointment

We look forward to helping you with your endodontic needs.

Sincerely,
Robert Anderson, DMD