F. Mike Bardi, D.D.S., Inc. & Associates

RootVision Endo
Advanced Microsurgical Endodontics
Est. 1991

3663 Torrance Blvd., Suite #3 • Torrance, CA 90503
Tel: (310) 791-0666 Fax: (310) 791-7066
www.rootvisionendo.com

Date: _____

Introducing: _____

Referred by Dr.: _____

Doctor's Phone: _____

Tooth in question: _____

Right **Left**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

DENTAL HISTORY:

- ❑ Pain
- ❑ Pulp exposure
- ❑ Apical radiolucency
- ❑ Trauma / fracture
- ❑ New crown to be made
- ❑ Periodontal condition
- ❑ Crown lengthening has been advised
- ❑ Other _____

TREATMENT CARRIED OUT SO FAR:

- ❑ Occlusion adjusted
- ❑ Pulp extirpation
- ❑ Pulpotomy
- ❑ Canals filled
- ❑ Incision - drainage
- ❑ Other _____

REFERRED FOR

- ❑ Root Canal Treatment
- ❑ Root Canal Re-Treatment
- ❑ Surgical Endodontics
- ❑ Post Build-Up
- ❑ Post Space
- ❑ Assist with Diagnosis
- ❑ Other _____

RVE-02 **OVER**

Patient's Name: _____

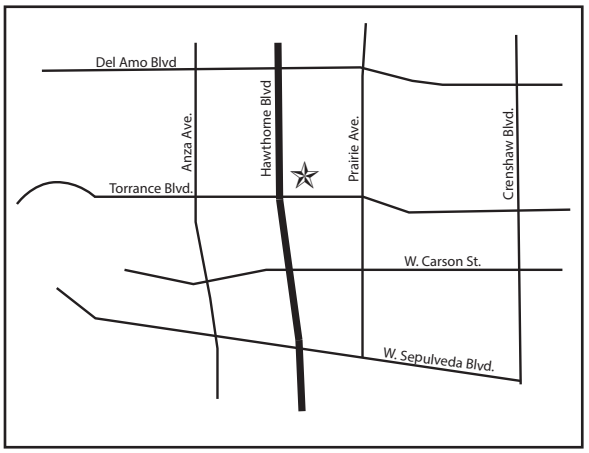
Today's Date: _____

Appointment Scheduled for:

Day: _____ Date: _____ Time: _____

Endodontists:

Mark Nugent, D.D.S.
Betty Suh, D.M.D., M.A.
Lo-Shen Chen, D.D.S., M.S.
Sam Yun, D.D.S.



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CELL / EMERGENCY CONTACT WHEN OFFICE LINES ARE DOWN PLEASE CALL
(310) 738-8733