

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



1110 N. Brand Blvd., #101 • Glendale, CA 91202

Tel: (818) 242-4770 Fax: (818) 242-4239

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

- | |
|---|
| ☐ Consultation Only |
| ☐ Root Canal Treatment |
| ☐ Root Canal Re-Treatment |
| ☐ Surgical Endodontics |
| ☐ Post Build-Up |
| ☐ Post Space |
| ☐ Assist with Diagnosis |
|
 |
| ☐ Phone me following examination |
| ☐ Other _____ |

RVE-02

OVER

www.rootvisionendo.com

Patient's Name: _____

Today's Date: _____

Appointment Scheduled for:

Day: _____ Date: _____ Time: _____

Endodontists:

Annie Zhujiang, D.M.D.

John Lee, D.M.D., M.S.D.



American Association
of Endodontists

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CELL / EMERGENCY CONTACT WHEN OFFICE LINES ARE DOWN PLEASE CALL

(323) 500-3165