

# SEATTLE ENDODONTIC ARTS

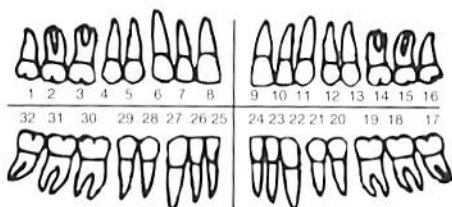
REFERRING DOCTOR

TOOTH NUMBER & NAME

PATIENT

DATE

PERTINENT HISTORY



**REASON FOR REFERRAL**

- Acute Symptoms
- Chronic Symptoms
- Radiolucency
- Traumatic Injury
- Treatment Complications
- Carious/Mechanical Exposure
- Other

**PROCEDURES COMPLETED**

- Root Canal Started
  - Left Open
  - Closed
- Incised & Drained
- Root Canal Completed
- Medication Prescribed

**PROCEDURES NEEDED**

- Evaluation Only
- Evaluate & Treat as Necessary

RESTORATIVE PLAN

SEATTLE ENDODONTIC ARTS

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APPOINTMENT

DATE \_\_\_\_\_

TIME \_\_\_\_\_

I-5 SOUTH Exit 166 - STEWART ST  
 I-5 NORTH Exit 165A - SENECA ST  
 I-90 to I-5 NORTH (Exit 164)  
 Then Take MADISON ST EXIT