

**IMPORTANT**

Please email a recent PA radiograph with referral



Today's Date: \_\_\_\_\_

Chao Shen, DMD

601 SE 117<sup>th</sup> Ave., Suite 110 • Vancouver, WA 98683

Ph: 360.334.4400 • Fax: 360.883.0468 • info@vancouverendogroup.com • www.vancouverendogroup.com

Referred by Dr. \_\_\_\_\_ Office Ph: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Ph: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

Tooth #: \_\_\_\_\_  Consultation  Treatment

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

History of Tooth (if known)

- Asymptomatic   
 Cold Sensitive   
 Hot Sensitive   
 Bite Sensitive  
 Spontaneous Pain   
 Swelling   
 Pulp Exposure   
 Cracked

How long in pain: \_\_\_\_\_ Rx given: \_\_\_\_\_

Restoration Directive (Blue/purple orifice barrier placed in all temporized teeth unless requested not to)

- Temporize Access: (Circle one)    Endo foam    PTFE Tape    Cotton Pellet  
 Provide Post Space  
 Permanent Restoration: (Circle one)    Composite    Amalgam

Sedation Needed: (Circle one)    Nitrous Oxide    Oral

Interpreter Needed, Language: \_\_\_\_\_

Antibiotic Pre-Med Needed

Allergies:  Penicillin     Latex     Other: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_