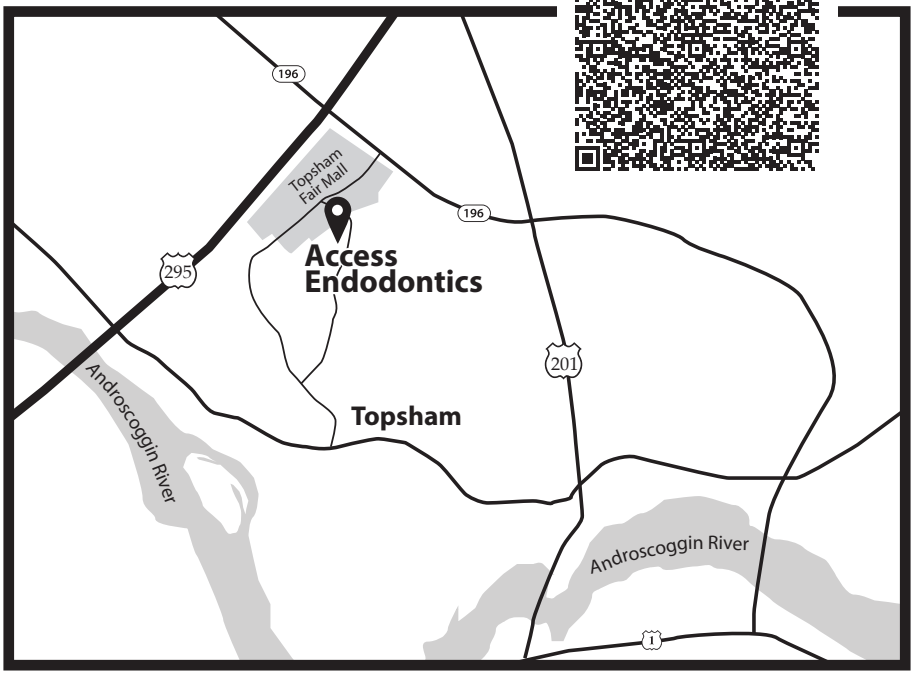
SCAN HERE
FOR DIRECTIONS



Access Endodontics
25 Park Dr.
Topsham, ME 04086
Phone: (207) 203-3060
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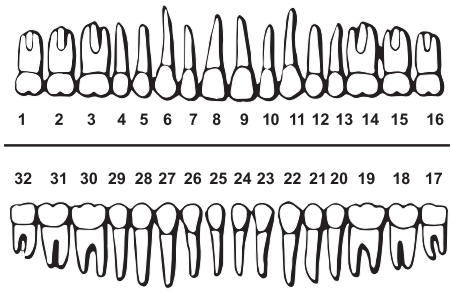
ACCESS ENDODONTICS

GREGORY H. SPRAGUE, DDS, MSD
BONNIE J. RETAMOZO, DDS, MSD
RICHARD E. FLYNN, DMD, MSD

Patient name: _____ D.O.B.: _____

☐ Please call patient to schedule. Phone number: _____

Tooth number or area: _____



Reason for Referral:
- ○ Consultation
- ○ Initial root canal treatment
- ○ Root canal retreatment
- ○ Apical surgery

History:
- ○ Periapical radiolucency
- ○ Suspected fracture
- ○ Pulp exposure
- ○ Trauma
- ○ Endodontic treatment initiated

Symptoms:
- ○ Spontaneous pain
- ○ Chewing/Percussion sensitivity
- ○ Heat sensitivity
- ○ Cold sensitivity

Restorative Considerations:
- ○ Temporize
- ○ Access fill
- ○ Build up requested
- ○ Post space requested
- ○ Post & core requested

Other comments: _____

_____

Referring dentist: _____ **Date:** _____

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