



# LEAGUE CITY ENDODONTICS

**Kate Schaefer, DMD, MS, MA**

*Endodontic Specialist*

1455 FM 646 W, Suite 205, League City, TX 77539

**281-713-4411**

info@leaguecityendo.com

Date \_\_\_\_\_

Introducing \_\_\_\_\_ Patient Phone \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Office Phone \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Tooth # \_\_\_\_\_

**Please circle tooth (or teeth) to be evaluated:**

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

**Reason for Referral:**

- Consultation Only
- Patient in pain, please treat as needed
- Initial Endodontic Therapy
- Endodontic Retreatment
- Intentional Root Canal
- 3D Cone Beam Scan
- Follow-Up Evaluation

**Please check all additional information that applies:**

- Restorability has been evaluated
- Antibiotics have been prescribed
- Pain medications have been prescribed
- History of Trauma
- Pulp exposed
- Root canal initiated

**Restorative Requests:**

- Seal access with temporary filling
- Leave post space (para post/fiber)
- Restore with core build up
- Restore with post and core build up

**Miscellaneous:**

- Please call me prior to treatment
- Crown/Bridge is cemented temporarily
- Crown/Bridge is cemented permanently

**Final Reports:**

- paper
- e-mail: \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HIPAA compliant online referral available in our website