



# LEAGUE CITY ENDODONTICS

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

*Endodontic Specialist*

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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

**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

**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

**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