



Imperial Dental Group

137 S. Las Posas Rd. Ste 250
San Marcos, CA 92078

Phone: (760) 282-3181

Email: officemanager@imperialdentalgroup.com

Endodontics

- Must bring Referral
- Minor must be accompanied by parent or legal guardian

Patient Name: _____

Home Phone: _____ Work Phone: _____

Email: _____

Referring Office / Doctor: _____

Phone: _____

Appointment Date: _____ Time: _____

MOLARS			BICUSPIDS				ANTERIORES				BICUSPIDS				MOLARS	
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	

- Tooth has been opened and left open
- Tooth has been opened, medicated and sealed
- I have placed the patient on Antibiotic: _____
- and / or Analgesis: _____
- Leave post space.
- Patient has toothache, please evaluate and treat as needed.
- Other / comment _____

If for any reason you cannot make this appointment, Please let us know at least 48 hours in advance