

# Endodontic Referral

Dr. Daniel Kim, DDS—Endodontics Specialist

Phone: (916) 368-0440  
Fax: (916) 290-0275  
Email: endo@rcdentalgroup.com

11180 Sun Center Dr  
Rancho Cordova, CA 95670



DATE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

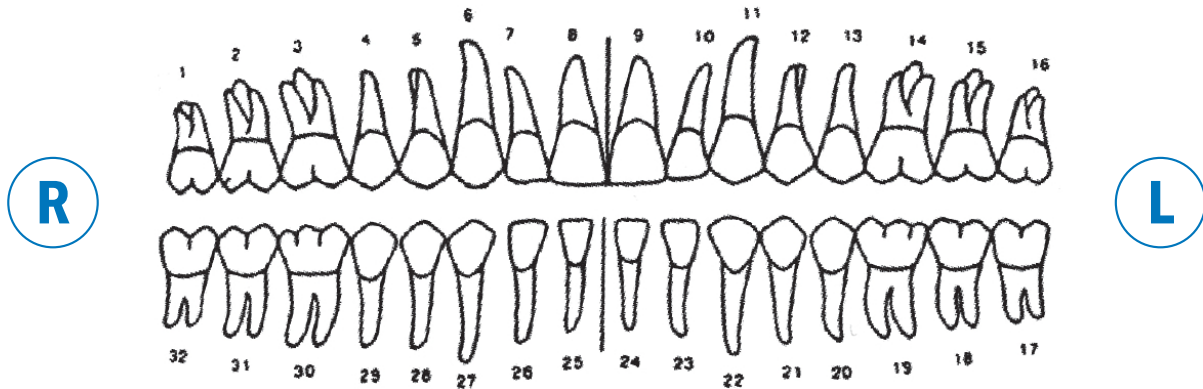
INTRODUCING: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ ☐ Pt to Call

TOOTH #: \_\_\_\_\_ ☐ Consultation Only ☐ Evaluate and Treat as Necessary ☐ Initial ☐ Retreatment



## Please check all that apply:

- ☐ Thermal Sensitivity
- ☐ Bite Sensitivity
- ☐ Swelling
- ☐ Radiograph reveals radiolucency
- ☐ Pulpal Exposure
- ☐ Endodontics Necessary for Restoration
- ☐ History of fracture or trauma
- ☐ Previous tx appears to be failing
- ☐ Patient has vague unlocalized pain in the area indicated

## Treatment Requested:

- ☐ Create post space

### Special Requests/Comments: