

I Integrity ENDODONTICS

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Today's Date: _____

Introducing: _____

Referred by Dr: _____

Appt. Date: _____

Tooth / Area in Question: _____

Right

Left

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

Symptoms

- Pain
- Periapical Lucency
- Pulp Exposure
- Prophylactic Endodontics
- Root Fracture
- Resorption

Services Requested

- Consultation only / CT Scan
- Evaluate and treat as indicated
- Post Space
- Post / Buildup / Final restoration
- Surgery
- Other: _____

Notes and Special Instructions: _____

