

**EMILY W. TYLER, DMD**  
Board Certified Endodontist



**OCEANSIDE  
ENDODONTICS**  
St. Augustine

**HOPE FELDMAN, DMD, MS**  
Board Certified Endodontist

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Referred by Dr. \_\_\_\_\_

Call Pt to Schedule

Pt will call to schedule

Patient Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance? Y / N      Ins. Company: \_\_\_\_\_      Member ID# \_\_\_\_\_

**For Endodontic Consideration on:**

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

**STATUS**

- Symptomatic
- Pulp Exposure
- X-ray Shows Lesion
- Pre-prosthetic Treatment
- Previous Root Canal Treatment

**DESIRED TREATMENT**

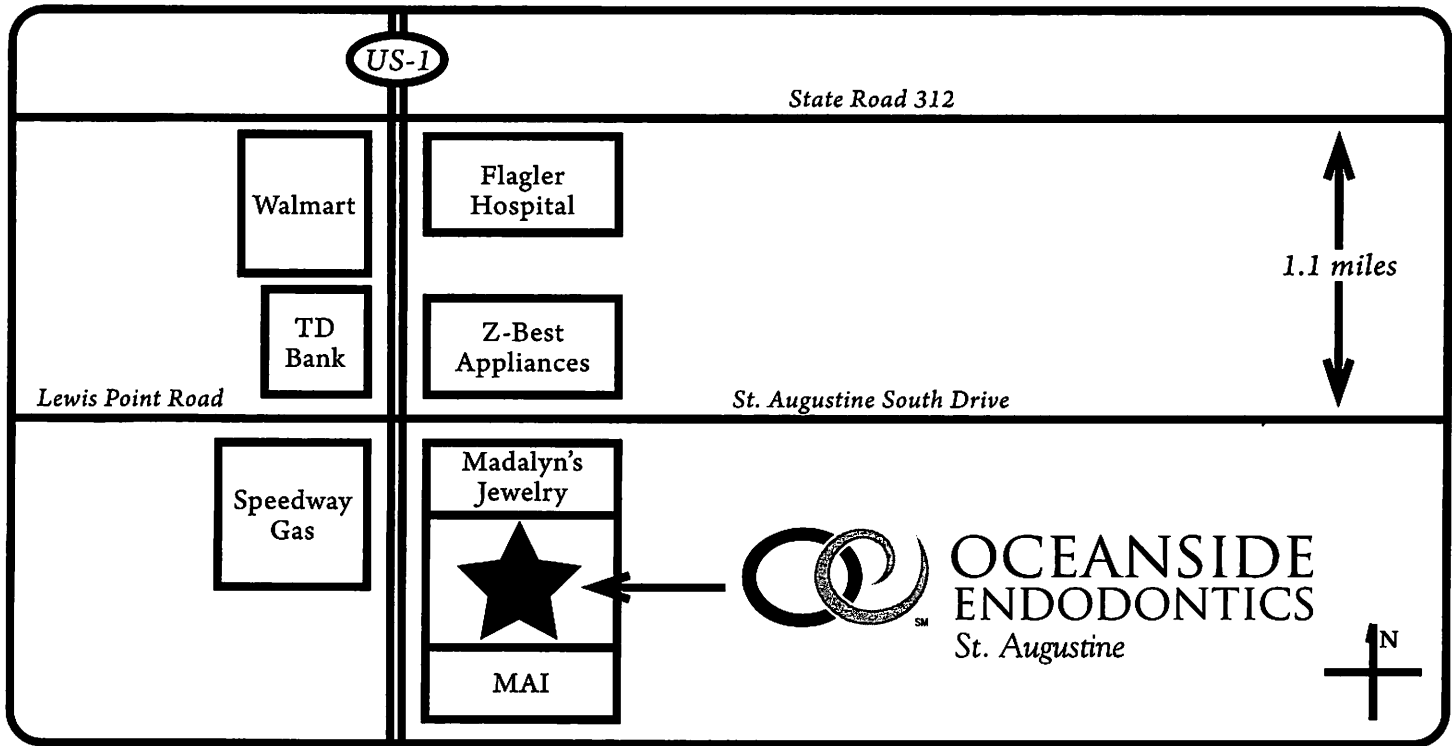
- Consult Only
- Root Canal Therapy
- Retreatment (Consult)
- Endodontic Surgery (Consult)
- CBCT Scan

**DESIRED RESTORATION UPON COMPLETION OF RCT**

- Temporary Filling \*\*
- Post Space Preparation
- Composite/Amalgam
- Post & Core

\*\*A temporary filling will be placed unless indicated.

Comments: \_\_\_\_\_



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