



Fern P. Le, D.M.D., Inc.
2121 41st Avenue, Suite 201
Capitola, CA 95010
Phone (831) 475-1234 | Fax (831) 585-1066

Introducing: _____ Tooth or area: _____

Referring Doctor: _____ Date: _____

History: _____

Radiographic Findings: _____

Appointment:

- Patient is scheduled for appointment Date: _____ Time: _____
- Please call patient for appointment Patient phone #: _____
- Patient will call your office for appointment.

Please provide the following service(s):

- Endodontic evaluation only
- Treat as necessary
- Please contact me prior to treatment

Prior endodontic access: Yes No

Existing crown to be replaced: Yes No

Current Status:

- Pain vague mild severe Temporary Crown
- Swelling intraoral extraoral Existing RCT approx date: _____
- Radiolucency

Restorative Requests:

- Place final restoration, build up or post & core
- Other: _____

Comments: _____

41st Ave



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