MISSION HILLS ENDODONTICS

American Association of Endodontists
Specialist Member

Cameron Stout, DDS, MS • Jennifer Hens, DMD, MSD

1000 W. Washington St., Suite #2, San Diego, CA 92103 • p 619.295.3456 • www.missionhillsendodontics.com (to print out new patient registration forms)

Introducing: _____
Last First Middle

Patient Phone: _____
Date

Referring Doctor: _____

*No pain medication eight hours before consultation

Tooth # _____

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

Radio Graphs: ☐ Mailed ☐ Emailed ☐ Given to Patient

Email x-rays to xrays@missionhillsendodontics.com

Remarks: _____

_____

_____

☐ Please send more referral slips.

☐ Endodontics necessary for restoration.

☐ Vital pulp exposure.

☐ Tooth has been opened.

☐ Prior Endodontic treatment.

☐ Leave post space.

☐ Build up for full coverage.

☐ Bond Endodontic post.

☐ Complete crown access repair.

☐ Crown planned for replacement.

Appointment Date:

Day	Date	Time

White: Patient's copy Yellow: Doctor's copy