

BRING THIS REFERRAL TO YOUR APPOINTMENT



S O U T H E R N A R I Z O N A
ENDODONTICS

A Professional Corporation

Direct Scheduling: 520.918.3636

Phone: 520.322.0800

E-mail: doctors@saendo.com • www.saendo.com

- 1011 N. Craycroft Rd., Ste. 107
Fax: 520.323.7453
- 7493 N. Oracle Rd., Ste. 217
Fax: 520.877.8889
- 7395 S. Houghton Rd., Ste. 126
Fax: 520.323.7453
- 512 E. Whitehouse Canyon Rd., Ste. 120, Green Valley
Fax: 520.625.6169

Date: _____ / _____ / _____

Introducing: _____ DOB: _____

Referred By Dr.: _____ Office Phone: _____

Location (if multiple offices): _____

Tooth #: _____ Has this tooth had previous endodontic treatment? Y / N

Patient is scheduled for an appointment on _____ / _____ / _____ at _____ am/pm

Root Canal Therapy

Post Space

Previous Root Canal Therapy

Pulpal Exposure

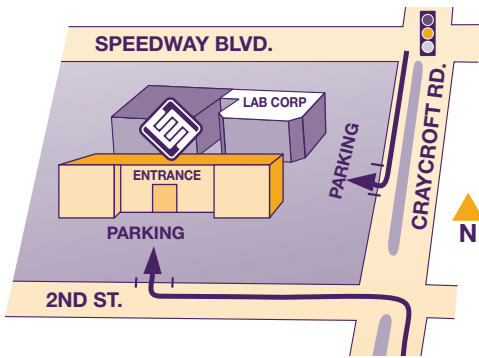
Intentional Root Canal Therapy

Evaluation

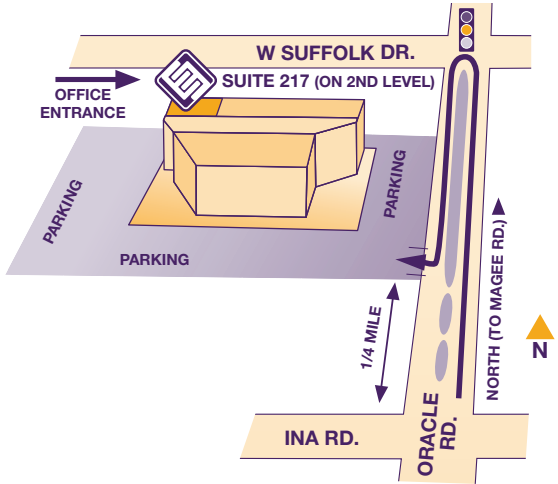
Resorption

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Special Instructions: _____

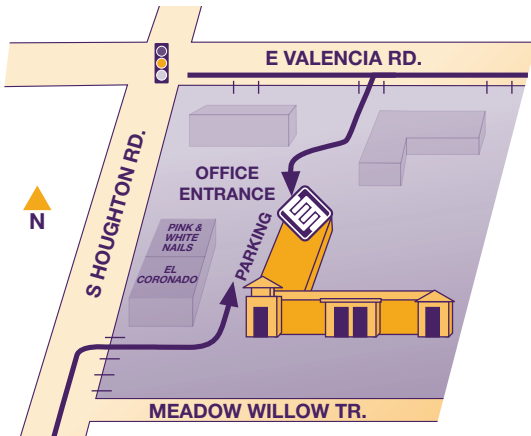


□ **CENTRAL**
 Southern Arizona Endodontics
 1011 N. Craycroft Rd., Ste 107
 Tucson, AZ 85711



□ **NORTHWEST**
 Southern Arizona Endodontics
 7493 N. Oracle Rd., Ste 217
 Tucson, AZ 85704

□ **SOUTHEAST**
 Southern Arizona Endodontics
 7395 S. Houghton Rd., Ste. 126
 Tucson, AZ 85747



□ **GREEN VALLEY**
 Southern Arizona Endodontics
 512 E. Whitehouse Canyon Rd., Ste. 120
 Green Valley, AZ 85614

