



ROOT OF ENDODONTICS

Emmanuel Paguio D.D.S, M.S.

Board-Certified Endodontist

9950 W. 80th Ave., Arvada, CO 80005

303.422.0607

Patient's Name:

Phone Number:

Email:

Date:

Reason for Referral:

- Consult and Diagnosis Only
- Consult and Treat as Necessary
- Root Canal Treatment
- Root Canal Retreatment
- Prophylactic Endodontics
- Surgical Endodontics
- Prepare Post Space
- Place Build-Up or Post & Build-Up
- Internal Bleaching
- Cracked Tooth
- Tooth Sensitivity
- Dental Injury

Remarks:

If it exists, is the crown restoration going to be replaced? Yes No If Nec.

Age of Existing Crown: New 1-5 Years 5-10 Years

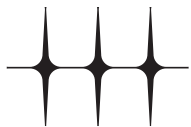
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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

(Please circle teeth for endodontic consideration.)

Referring Doctor Name:

Doctor Signature:

Please bring this form and copy of your insurance to your appointment.



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