

**ENDODONTIC AND
IMPLANTOLOGY
ASSOCIATES**

www.endosj.com

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PLEASE DO NOT TAKE ANY PAIN MEDICATION AT LEAST SIX HOURS PRIOR TO YOUR INITIAL APPOINTMENT.

DATE _____

INTRODUCING _____ TOOTH # _____

REFERRED BY _____

- Please take X-ray Original X-ray attached Digital X-ray has been forwarded to Xray@endosj.com

Additional digital X-rays may be taken for diagnostic purposes.

SERVICES ALREADY PERFORMED:

- Tooth has been opened, medicated and sealed Patient has been placed on an antibiotic and / or analgesic

ENDODONTIC SERVICES REQUESTED:

- Evaluate and treat as indicated
 Evaluate for surgery or retreatment
 Leave post space
 Do post and core buildup
 Other / Comments _____

IMPLANT SERVICES REQUESTED:

- Evaluate for implant
 Evaluate for extraction/graft
 Evaluate for ridge augmentation
 Evaluate for sinus lift

- Candidate for sedation (patient will require initial consult prior to treatment)

IT IS MY INTENTION TO RESTORE THE INVOLVED TOOTH WITH:

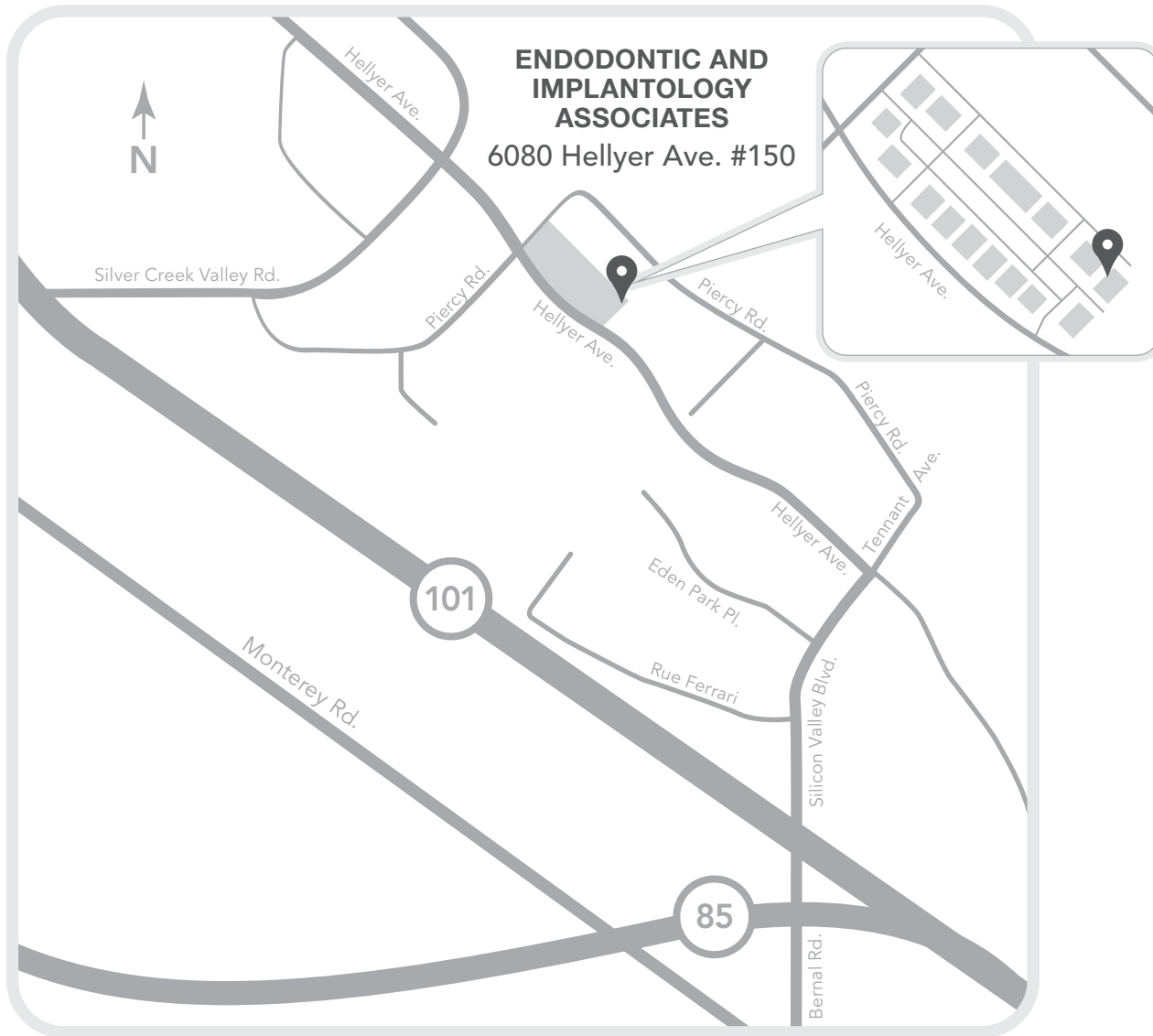
- Dowel Post Crown Composite Other _____

APPOINTMENT:

Date

Time

Doctor



From CA-85 North

Take the Bernal Rd. Exit
Turn left onto Bernal Rd.
Continue onto Silicon Valley Blvd.
Turn left onto Hellyer Ave.
Arrive at 6080 Hellyer Ave.

From US-101 South

Take US-101 N to San Jose
Take Silicon Valley Blvd./Bernal Rd. Exit
Turn right onto Silicon Valley Blvd.
Turn left onto Hellyer Ave.
Arrive at 6080 Hellyer Ave.

From US-101 North

Take US-101 S to San Jose
Take Blossom Hill Rd./Silver Creek Valley Rd. Exit
Turn left onto Blossom Hill which turns into Silver Creek Valley Rd.
Turn right onto Hellyer Ave.
Pass Piercy Rd. then make a left into our parking lot
Arrive at 6080 Hellyer Ave.

For quick map link visit our website at www.endosj.com