

POWAY ENDODONTICS

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Dr. Mohammed Kadhem

Dr. Ronak Makadia

Introducing _____ for Endodontic Evaluation
First & Last Name

Patient Phone: _____

Appointment Date: _____ Time: _____

Tooth:

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

- | | |
|--|--|
| <input type="checkbox"/> Pulp was Exposed | <input type="checkbox"/> Crown Planned for Replacement |
| <input type="checkbox"/> Moderate IV Sedation | <input type="checkbox"/> Remove Crown/Temporize |
| <input type="checkbox"/> X-ray revealed Radiolucency | <input type="checkbox"/> Recent Crown/Restoration |
| <input type="checkbox"/> Patient in pain | <input type="checkbox"/> Oral Conscious Sedation |
| <input type="checkbox"/> Prior Endo Tx Questionable | <input type="checkbox"/> Please leave Post Space |
| <input type="checkbox"/> Suspect Fractured Tooth | <input type="checkbox"/> Please Restore Access |
| <input type="checkbox"/> Intentional Endodontics | <input type="checkbox"/> Please Place Build Up |
| <input type="checkbox"/> Consider Surgical Endodontics | <input type="checkbox"/> CBCT |

Remarks: _____

Referring Doctor: _____ Date: _____

THANK YOU FOR CHOOSING OUR OFFICE

From North: Take I-15 south to Bernardo Center Dr.
Left on Bernardo Center Dr.
Right on Bernardo Heights until road ends.
Go straight across into our parking lot.
3rd entryway.

From South: Take I-15 north to Bernardo Center Dr.
Right on Bernardo Center Dr.
Right on Bernardo Heights until road ends.
Go straight across into our parking lot.
3rd entryway.

