



# WAVE ENDODONTICS

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Consultation

Treatment

Date \_\_\_\_\_

Introducing \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

**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

- |   |   |
|---|---|
| <input type="checkbox"/> Intentional Endodontics                          | <input type="checkbox"/> Radiograph reveals radiolucency            |
| <input type="checkbox"/> Pulp was exposed and vital/non-vital             | <input type="checkbox"/> Patient has vague symptoms please evaluate |
| <input type="checkbox"/> Radiograph reveals pulpal involvement            | <input type="checkbox"/> Suspect fractured tooth                    |
| <input type="checkbox"/> Previous endodontic therapy appears questionable | <input type="checkbox"/> Request post space                         |
| <input type="checkbox"/> Pt. Pain Level<br>Mild Moderate Severe           | <input type="checkbox"/> Request Cone Beam CT (CBCT)                |
|   | <input type="checkbox"/> Radiographs emailed/sent w/pt              |

Fill access with: Build up / Composite  Temporary

Is crown to be remade? Yes  No

Comments: \_\_\_\_\_

Medications Prescribed: \_\_\_\_\_

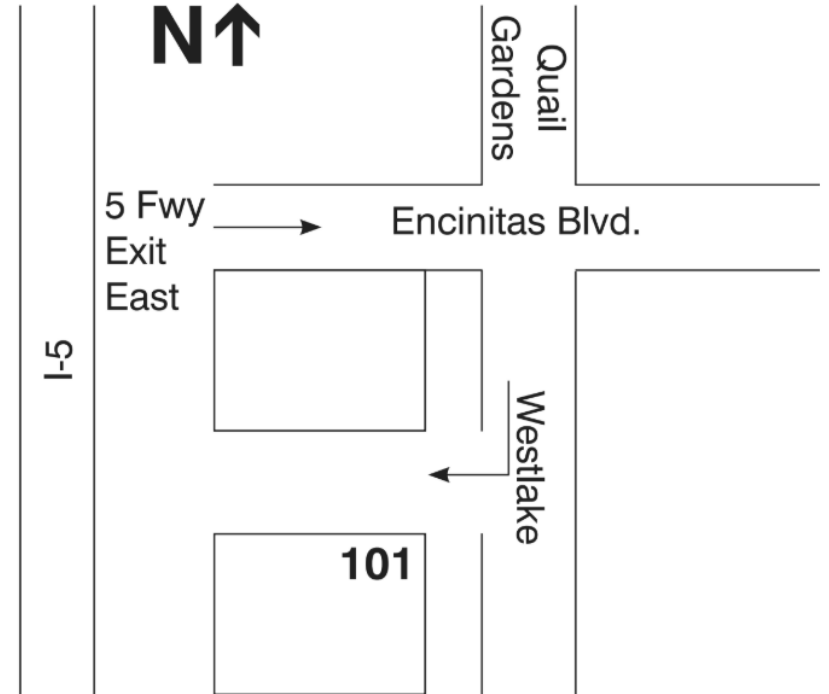
MAP ON BACK

Patterson #200039080

## DIRECTIONS

From 5 Fwy:

Take Encinitas Blvd. exit east. Go right on Westlake / Quail Gardens. Take the first driveway on the right. We are in the 531 Building, Suite 101



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