



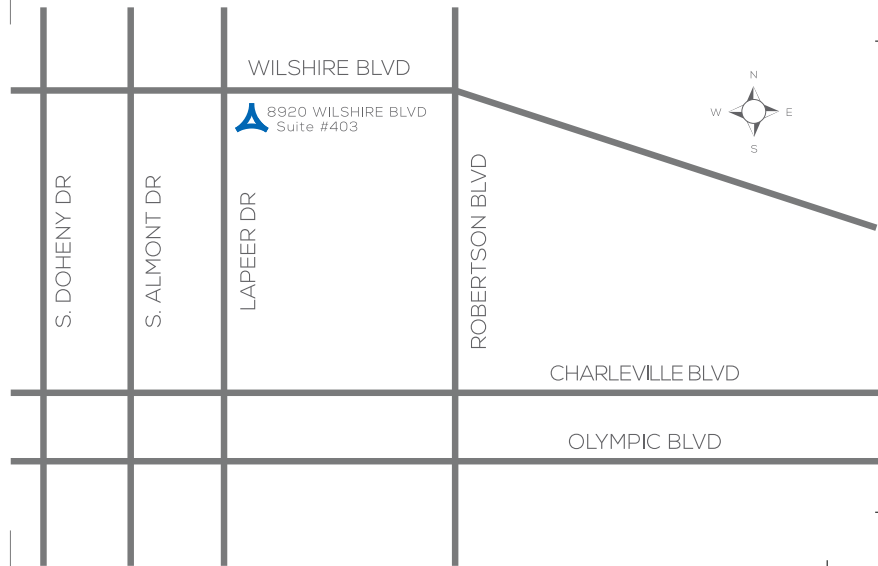
# Advanced Endodontics

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Introducing \_\_\_\_\_

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

Date \_\_\_\_\_

Appointment M T W T F \_\_\_\_\_  
DATE TIME

Radiographs:  Mailed  Sent with Patient  Emailed

Minor (under 18) must have a parent/guardian present  
or bring written signed consent for treatment

Tooth or Area \_\_\_\_\_  
(please write out)

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

**Endodontic Requests:**

- Endodontic Treatment
- Endodontic Retreatment
- Surgical Endodontics
- Treat as Necessary
- Consultation Only
- Post-Space Preparation

**Treatment Considerations:**

- Patient is Symptomatic
- Pulp was Exposed
- Call Before Treatment
- You May Remove the Existing Restoration
- History of Trauma
- Medical Alert

Other Instructions or Comments: \_\_\_\_\_

\_\_\_\_\_

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