



# Timothy Kim DMD, MS

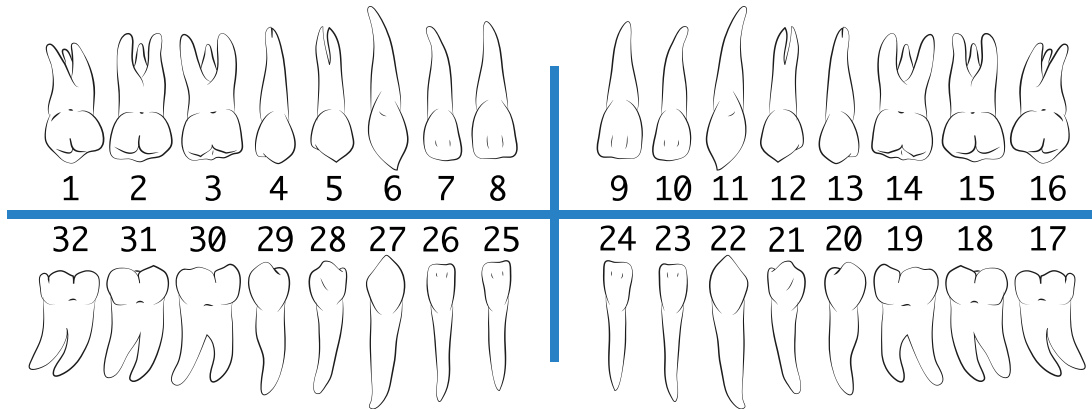
Practice Limited To Endodontics

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Patient Name: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Please Specify Tooth #: \_\_\_\_\_ and Circle Tooth Below:



### Reason For Referral:

- Consultation
- Root Canal Treatment
- Apical Surgery
- Retreatment
- Other \_\_\_\_\_

### Restorative Considerations:

- Tooth Has Been Evaluated For Restorability & Periodontal Support
- Post Space Requested
- Build Up Requested
- Post & Core Requested
- Pulpal Floor Glass Ionomer Liner

### History:

- Symptoms
- Periapical Radiolucency
- Pulp Exposure
- Trauma
- Endodontic Treatment Initiated
- Suspected Fracture

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

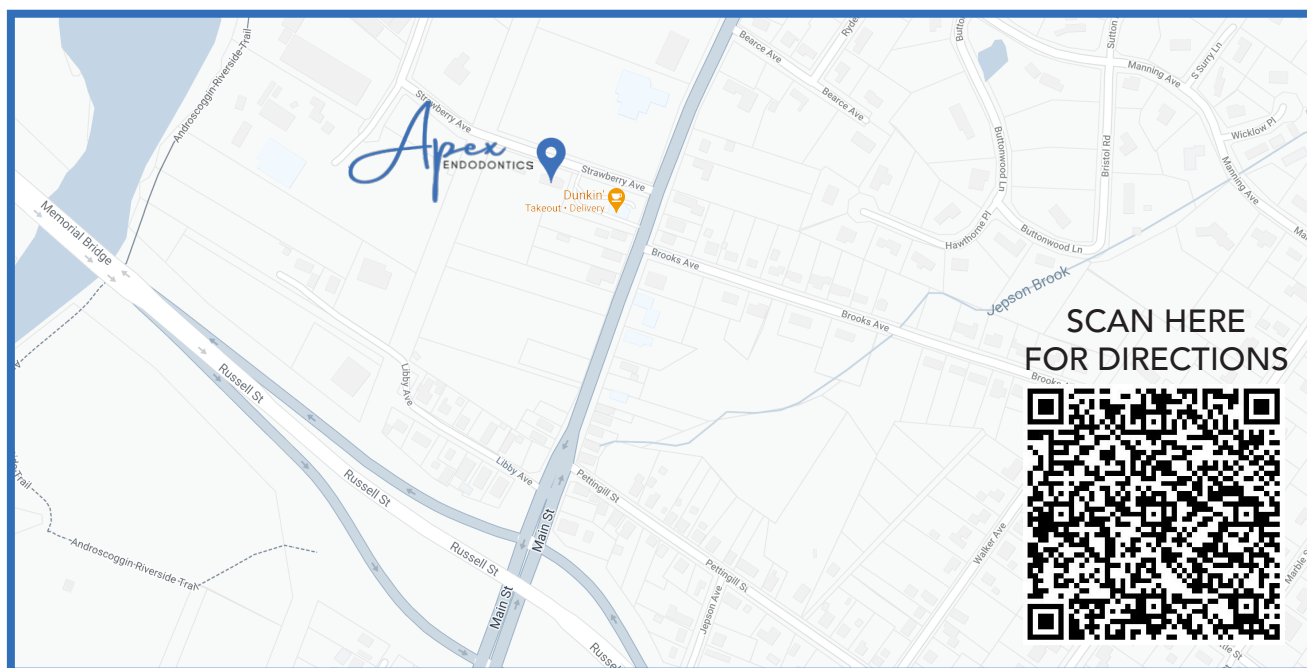
\_\_\_\_\_

Referring Dentist: \_\_\_\_\_

Date: \_\_\_\_\_



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