



Timothy Kim DMD, MS

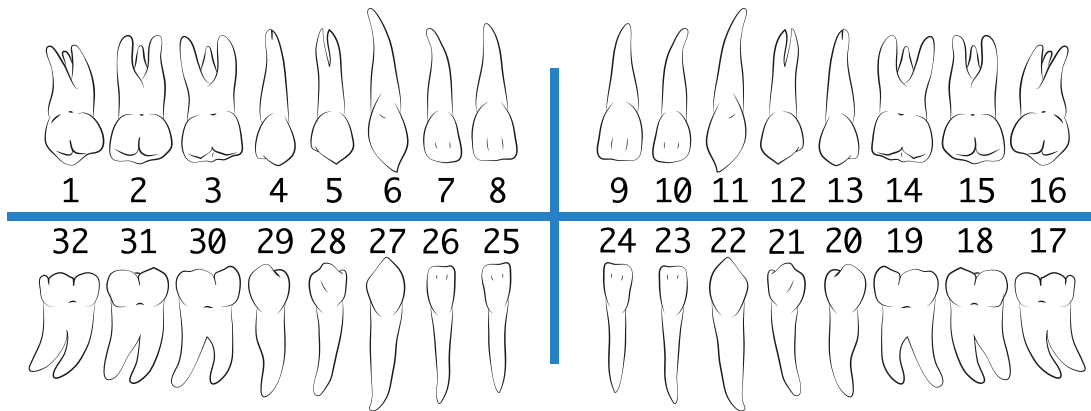
Practice Limited To Endodontics

www.apexendomaine.com

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

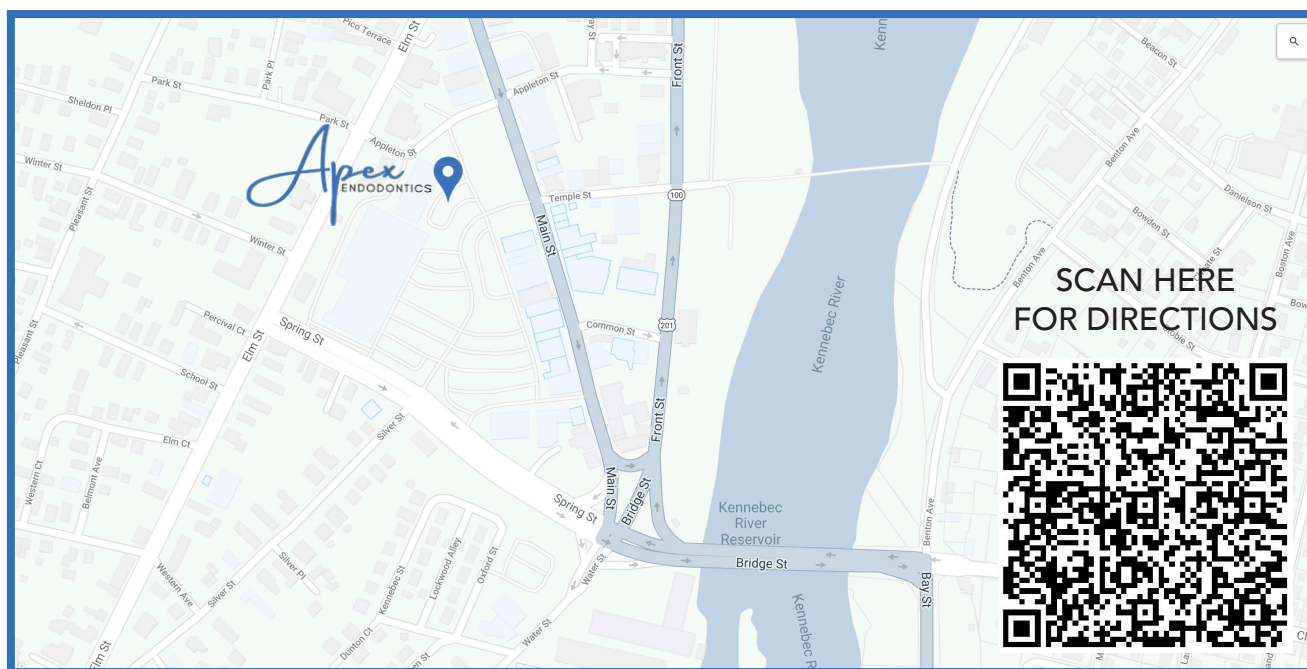
Other Comments: _____

Referring Dentist: _____

Date: _____



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