

Yong Kim, DDS, MSD

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Introducing: _____

Appt Date/Time: _____

Pertinent History

- Symptomatic (Bite/Hot/Cold)
- Swelling
- Periapical Radiolucency
- Previous endodontic treatment failing
- Fracture/Trauma/Resorption

Procedures Requested (check all that apply)

- Consultation/3D Scan (CBCT)
- Treat as necessary
- RCT Required for Restoration
- Place Final Restoration
- Prepare Post Space

Referring Doctor: _____

Phone: _____

Tooth Number(s): _____

Recent Treatment

- Restoration
- Pulp exposure
- Pulpotomy/pulpectomy

Restorable? Yes Questionable

Notes

Phone: _____

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