



CAMBRIAN

ENDODONTICS & MICROSURGERY

Diana Swanson, D.M.D.

Practice Limited to Endodontics

3535 Ross Avenue, Suite 302

San Jose, CA 95124

tel 408.265.6501 • fax 408.265.6502

www.cambrianendo.com

Patient Name _____ Date _____

Phone #'s H _____ W _____

Referring Doctor _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	_____															LEFT	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Circle tooth / area

ABOUT THE TOOTH:

- SYMPTOMATIC
 ASYMPTOMATIC
 PRIOR RCT

REFERRED FOR:

- Endodontic Treatment as needed
- Endodontic Re-treatment
- Surgical Endodontics
- Perforation Repair
 - Internal (Non-surgical)
 - External (Surgical)

ADDITIONAL:

- Root Fracture Analysis
- Post Space Only
- Core Build-up Only
- Post & Core Build-up
- Place Cotton and Cavit
- Place Permanent Restoration

Comments: _____

INSTRUCTIONS TO PATIENTS

Please call for an appointment.
 If you are taking medications, please bring a list of them with you.
 Minors must be accompanied by a parent or guardian.

E-mail Report to Referring Doctor at: _____
E-Mail Address