



# Salmon Creek Dental Specialists

**Endodontists:** Scott George, DMD  Matthew Anderson, DMD  Aki, Take, DDS

**Periodontist:** Jing Iris Yang, DMD

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

Patient DOB: \_\_\_\_\_

Referring Doctor/Office: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ ID#: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Sub DOB: \_\_\_\_\_

**Please Circle Tooth to be Evaluated / Treated**

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

## Endodontic Referral

Root Canal Treatment       Retreatment       Apicoectomy

**Restore with:**

Temp       Composite       Amalgam       Post

**IF THE TOOTH IS NOT SAVABLE, WOULD YOU LIKE AN IMPLANT EVALUATION?**

Yes       No

## Periodontic Referral

Perio Eval       Sinus/Ridge Augmentation       Gingival Recession  
 Extraction       Crown Lengthening       Implant Placement

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