Miami ROOT CANAL SPECIALISTS

Victor Manuel Garcia, DMD
Alexander D. Paul, DMD
Practice Limited To Endodontics

8390 W. Flagler Street, Suite 210 | Miami, FL 33144
Phone: (305) 221-8390 | Fax: (305) 221-8109
www.miamirootcanal.com | info@miamirootcanal.com

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

Introducing: _____ Date: _____

Patient Phone: _____

Patient E-Mail: _____

For Evaluation of (Please Circle)

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

Referred For:

- ☐ Evaluation & Treatment
- ☐ Evaluation Only
- ☐ CBCT Imaging
- ☐ Endodontic Surgery
- ☐ Internal Bleaching
- ☐ Pulp Exposure
- ☐ Suspected Crack
- ☐ Other (See Below)

Desired Restoration:

- ☐ Temporize
- ☐ Prepare Post Space
- ☐ Restore Access Cavity
- ☐ Other (See Below)

Additional Remarks: _____

_____

_____

_____

Referring Doctor: _____

Referring Doctor Phone: _____