A. JAYSON TENGONCIANG, D.M.D., Inc. clairemont.endodontics@gmail.com www.clairemontendodontist.com

3737 MORAGA AVE., B313 SAN DIEGO, CA 92117 PHONE (858) 270-2760 FAX (858) 270-2871

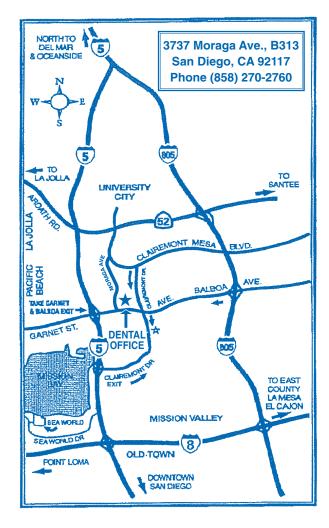
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	 □ Please evaluate and treat as needed □ Please evaluate/treat for retreatment □ Please evaluate/treat for apicoectomy □ Endodontics necessary for proper restoration □ Consultation only Other: 																	

SYMPTOMS

Patient is Asymptomatic Hot and/or Cold Sensitivity **Discomfort Upon Palpation** Discomfort Upon Percussion/Chewing Swelling or Fistula Periapical Radiolucency Separated Instrument Pulp Exposure **RESTORATIVE REQUEST** Post Space Post and Core Remove Crown Build Up For Final Restoration Place Final Access Restoration Other:

Please send copy of PA and referral to our office

Note: Map to our office and pre-appointment instructions on back



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PRE-APPOINTMENT INSTRUCTIONS FOR PATIENT:

- New Patient forms can be downloaded and printed from our website, www.Clairemontendodontist.com. Please bring the completed forms with you to your appointment.
- 2. Avoid any pain medication 8 hours prior to your visit.
- 3. Please be prepared to pay your appropriate treatment fee, in full, the day of your appointment.
- 4. We require at least 24-hours' notice if change of appointment is *absolutely* necessary.
- 5. All patients will need to provide a valid photo ID and an insurance card (if applicable).

If you have any questions regarding your appointment, do not hesitate to call or text the office. We look forward to seeing you!