



Jonathan D. Lee, D.D.S.

THOUSAND OAKS ENDODONTICS

555 Marin St, Suite 260 Thousand Oaks, CA 91360

T: 805 370 0110 F: 805 370 3770

Date: _____

Introducing: _____

Referred By Dr. _____

Tooth In Question: _____

Right

Left

1 2 3 4 5 6 7 8
32 31 30 29 28 27 26 25

9 10 11 12 13 14 15 16
24 23 22 21 20 19 18 17

History:

- Pain
- Apical Radiolucency
- Swelling
- Previous Endodontic Therapy

- Pulp Exposure
- Trauma/fracture
- Cracked Tooth
- Sinus tract/fistula

Referred For:

- Consultation & Diagnosis
- Endodontic Therapy
- Phone Me Following Exam

- Endodontic Surgery
- Perform Post Space

Remarks: _____



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Appointment Scheduled For:

Day: _____

Date: _____

Time: _____