



# ROOT & DENTAL TRAUMA CENTER

## ROOT CANAL & DENTAL TRAUMA CENTER ERIKA SILGUERO DDS, MSD Endodontist

Introducing: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Consultation/Diagnosis vague symptoms | <input type="checkbox"/> Pain                                  | <input type="checkbox"/> Premedication Needed          |
| <input type="checkbox"/> Root canal & dental treatment         | <input type="checkbox"/> Pulp exposure                         | <input type="checkbox"/> Physician clearance needed    |
| <input type="checkbox"/> Retreatment evaluation                | <input type="checkbox"/> X-Ray evidence                        | <input type="checkbox"/> Medical alert/complications   |
| <input type="checkbox"/> Apicoectomy surgery                   | <input type="checkbox"/> Post space needed                     | <input type="checkbox"/> Please call regarding patient |
| <input type="checkbox"/> Endo treat for restoration or perio   | <input type="checkbox"/> Crown placed:                         | <input type="checkbox"/> CBCT Scan                     |
|  | <input type="checkbox"/> Temp or <input type="checkbox"/> Perm |  |

May we reduce occlusion?  Yes  No Medications given:  Yes  No  
Would you like us to call the patient to schedule an appointment?  Yes  No

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

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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Dr.: \_\_\_\_\_ Ph.: \_\_\_\_\_ Fax: \_\_\_\_\_

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