



LODI ENDODONTICS

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PATIENT: _____

PHONE: _____ DATE: _____

APPOINTMENT SCHEDULED:

DATE: _____ TIME: _____ AM
PM

RIGHT

LEFT

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

PLEASE CHECK ONE OR MORE OF THE FOLLOWING:

PATIENT STATUS:

- Patient has pain/swelling/sensitivity
- Tooth open for drainage
- Pulp exposed
- Previous endodontic treatment failing
- Please contact our office: _____

TREATMENT REQUIRED:

- Consultation only
- Non-surgical endodontic therapy
- Post space
- Build-up Post & Core
- Perforation repair
- Surgical endodontic therapy
- Other: _____

ADDITIONAL NOTES: _____

REFERRING DOCTOR: _____

- Please send additional referral slips