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# CRESCENT CITY E N D O D O N T I C S

Lauren Berg DDS, MSD  
Trent Lally DDS, MSD

This is to introduce \_\_\_\_\_ to your office.

Referred by Dr. \_\_\_\_\_ Date \_\_\_\_\_

Patient is being referred for the following:

- Root Canal Therapy       Diagnostic       Retreatment
- Endodontic Surgery       Recent Pulp Exposure

### Tooth or Region to be Evaluated

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

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### When Treatment is Complete, please:

- Place Temporary Restoration       Place Post & Core
- Prepare Post Space       Place Buildup       New Crown Planned