Please Bring This Card with You

PURITY ENDODONTICS
Jeff. J. Lee D.D.S.
Practice Limited to Endodontics

Tooth Number _____

Dental History

- ☐ Premedication needed _____

Status of Tooth in Question

- ☐ Consultation only
- ☐ Pulp exposure
- ☐ Pulpotomy / Pulpectomy completed
- ☐ Root canal treatment completed (Date completed)
- ☐ Rx analgesics _____
- ☐ Rx antibiotics _____

Treatment to be Completed by Endodontist

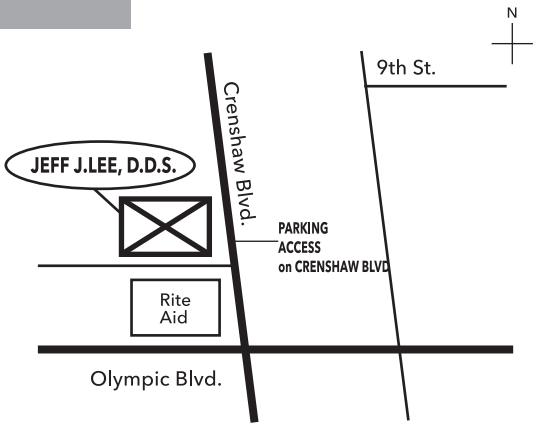
- ☐ Evaluation and consult only
- ☐ Treat as neccessary
- ☐ Root canal treatment / Retreatment
- ☐ Apicoectomy and retrograde filling
- ☐ Cone Beam CT/ 3D X-ray
- ☐ Internal bleaching
- ☐ Other _____

Final Restoration to be Completed by Endodontist

- ☐ Cotton pellet and temporary only (no post space)
- ☐ Post space and temporary only
- ☐ Post (if needed) and bonded restoration / Core build up

Directions to our Office

Purity Endodontics
937 Crenshaw Blvd. Suite 101
Los Angeles, CA90019
P: 213. 365. 0200
F: 323.879.9381
www.purityendo.com
office@purityendo.com



Appointment Day: _____

Date: _____ *Time:* _____ *am* *pm*

Today's Date: _____

Introducing: _____

Referring Dr.: _____

Referring Dr. Phone#: _____