



# CREEKSIDE ENDODONTICS

MARK J. YOUNG, DDS, MMSc  
 ERIC W. YOUNG, DDS, MMSc  
 SCOTT P. YOUNG, DDS, MMSc  
 JEREMY M. YOUNG, DDS, MMSc  
 GEORGE HWANG, DDS, MS  
 RUVIM ZHUK, DMD, MSD  
 CLIFFORD T. WONG, DDS, MSD  
 RAMESH THONDAPU, DMD  
 SHERI BERNADETT, DDS, MScD

KEVIN J. O'NEILL, DDS, MSD  
 KEVIN M. O'DEA, DDS, MS  
 JEFFREY H. JANIAN, DDS  
 ANDREY ANTONENKO, DDS  
 CAMERON G. FIFE, DDS  
 TROY E. HULL, DDS, MSD  
 BRUCE HOLT, DDS  
 DAVID KOEHN, DDS  
 EDMOND K. CHOW, DDS

Patient Name

Date

Patient's Phone

- Patient Will Call to Schedule  
 Please Call to Schedule

Referring Dentist

Dentist Phone Number

Appointment Date	Appointment Time	Appointment Location	Tooth No.
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<b>R</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<b>L</b>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

- Consultation and Diagnosis     Endodontic Treatment     Endodontic Retreatment  
 Leave Post Space    **Sedation:**  IV Sedation (only available at Grass Valley location)

Comments:

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<b>HISTORY:</b>		
<input type="checkbox"/> Pain	<input type="checkbox"/> Pulp Exposure	<input type="checkbox"/> Fracture
<input type="checkbox"/> Apical Radiolucency	<input type="checkbox"/> Trauma	<input type="checkbox"/> Rx Antibiotic _____
<input type="checkbox"/> Swelling	<input type="checkbox"/> Abscess	<input type="checkbox"/> Rx Analgesic _____

**Creekside Endodontics is dedicated to exceptional patient care and quality service using the latest technological advances. We look forward to serving you.**