CREEKSIDE SPECIALTY DENTAL GROUP

CreeksideEndo.net

Endodontists

- O Andrey Antonenko, DDS
- O Cameron G. Fife, DDS
- O Troy E. Hull, DDS, MSD
- O George Hwang, DDS, MS
- O Jeffrey H. Janian, DDS
- O Eger V. Korolevsky, DDS
- O Kevin M. O'Dea, DDS, MSD
- O Julian Shen, DDS, MSD
- O Hai Truong, DMD, MMSc
- O Clifford T. Wong, DDS, MSD
- O Eric W. Young, DDS, MMSc
- O Scott P. Young, DDS, MMSc
- O Ruvim Zhuk, DMD, MSD

Periodontists

- O Lincoln Nguyen, DDS, MS
- O Austen Lucena, DDS, MSD

Introducing: _____

Patient Phone: _____ **Date:** _____

Tooth Number:

O **ENDODONTICS** O **PERIODONTICS**

REASON FOR REFERRAL

- O Root Canal Therapy
- O Retreatment
- O Endodontic Consultation
- O Periapical Surgery
- O Vital Pulp Therapy
- O Apexification
- O Post Space
- O Post Removal
- O Extraction (Mark teeth)
- O Socket Preservation
- O Dental Implant placement
- O Sinus Augmentation
- O Ridge Augmentation
- O Exposure of Impacted Teeth
- O Pre-prosthetic Surgery
- O All-On-4
- O Periodontal Consultation
- O Gingival Recession
- O Crown Lengthening
- O Laser Therapy
- O Biopsy

O **SEDATION**

COMMENTS:

REFERRING DENTIST (Please Fill Out Completely)

Referring Practice Name: _____ **Phone:** _____

Referring Doctor Name: _____ **Fax:** _____

Address: _____ **Email:** _____

O **Patient Will Call to Schedule** O **Please Call Patient to Schedule**

APPOINTMENT:

Date: _____ **Time:** _____

Location: _____ **Tooth Number:** _____ O **Leave Post Space**