



# CAMBRIAN

ENDODONTICS & MICROSURGERY

**Diana Swanson, D.M.D.**

Practice Limited to Endodontics

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Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Phone #'s H \_\_\_\_\_ W \_\_\_\_\_

Referring Doctor \_\_\_\_\_

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

Circle tooth / area

## ABOUT THE TOOTH:

☐ SYMPTOMATIC

☐ ASYMPTOMATIC

☐ PRIOR RCT

## REFERRED FOR:

☐ Cone Beam

☐ Endodontic Treatment as needed

☐ Endodontic Re-treatment

☐ Surgical Endodontics

☐ Perforation Repair

## ADDITIONAL:

☐ Root Fracture Analysis

☐ Post Space Only

☐ Core Build-up Only

☐ Post & Core Build-up

☐ Place Cotton and Cavit

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INSTRUCTIONS TO PATIENTS

Please call for an appointment.

If you are taking medications, please bring a list of them with you.

Minors must be accompanied by a parent or guardian.

☐ E-mail Report to Referring Doctor at: \_\_\_\_\_

E-Mail Address