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T: 831-422-4750

Patient

Date

Patient Email

Patient Phone

Referring Doctor

Appointment Date & Time

Tooth/Area

History

- | | | |
|--|--|---|
| <input type="radio"/> Pain | <input type="radio"/> Apical Radiolucency | <input type="radio"/> Traumatic Injury |
| <input type="radio"/> Hot / Cold Sensitivity | <input type="radio"/> Previous Root Canal | <input type="radio"/> Crack / Fracture |
| <input type="radio"/> Swelling | <input type="radio"/> Periodontal Conditions | <input type="radio"/> Pulp Exposure / Cap |

Treatment Done

- | | | |
|--|--|--|
| <input type="radio"/> New Filling | <input type="radio"/> Pulpotomy / Pulpectomy | <input type="radio"/> Occlusion Adjustment |
| <input type="radio"/> Crown Prep / In Temp | <input type="radio"/> New Crown | <input type="radio"/> Incision & Drainage |

Rx Antibiotic: _____

Rx Analgesic: _____

Treatment Requested

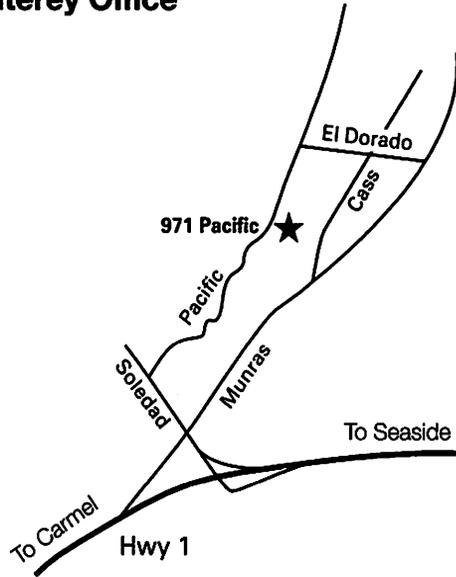
- | | | |
|---|---|---|
| <input type="radio"/> Eval and Treat as Necessary | <input type="radio"/> CBCT Imaging | <input type="radio"/> Eval for Re-Tx / Apical Surgery |
| <input type="radio"/> Restore with: <input type="radio"/> Temporary | <input type="radio"/> Post / Core Buildup | <input type="radio"/> Leave Post Space |

Radiographs

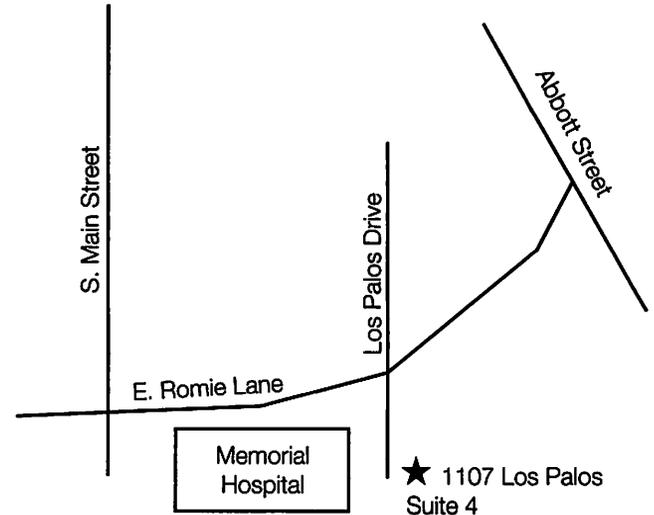
- E-mailed to: referrals@pacificendo.com With Patient Not Taken

Comments: _____

Monterey Office



Salinas Office



- Bring this slip to your appointment.
- Minors (under 18) must be accompanied by a parent or legal guardian.
- Take your premedication one hour prior to appointment if required.
- Patients with insurance are required to bring all necessary cards and/or forms to their first appointment.

Payment Policy:

Patients with insurance are required to pay their estimated portion at time of service. Patients without insurance are required to pay in full upon completion of treatment.