

redmondendodontics

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Introducing _____ Patient Phone _____

Referred by Dr. _____ Date of Referral _____

Present Symptoms:

- | | | | |
|--------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Pain | <input type="checkbox"/> Throbbing | <input type="checkbox"/> Unable to Sleep | <input type="checkbox"/> Apical Radiolucency |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture | <input type="checkbox"/> Caries | <input type="checkbox"/> Medical Complications |
| <input type="checkbox"/> Paresthesia | <input type="checkbox"/> Abscess | <input type="checkbox"/> Fistula | <input type="checkbox"/> Pulp Exposure |

Sensitive To: Percussion Heat Cold | **PRIOR RCT:** Yes
 Unstimulated No Not Sure

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

Treatment Request: Consultation Only Oral Sedation Consultation

Root canal therapy is indicated Endodontic Surgery Other _____

Antibiotics or analgesics prescribed _____

Post-Operative Instruction:

- Prepare post space Restore access with composite Core build-up
 Please call me following examination

Comments _____

Please see map on back 

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> **Address**

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8575 164th Avenue N.E.
Suite 301
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> **Phone**

(425) 882-3033

> **Fax**

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> **Directions & Map**

We are located in downtown Redmond on 164th Ave. NE in the Redmond Professional Building. Parking is available **behind the building off of 163rd Court.**

