

NORTH SAN DIEGO

ENDODONTICS



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ENDODONTIST

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PHONE: 760-439-1871 FAX: 760-439-2071

Introducing _____ Patient Phone# _____

Referred by Dr. _____ Date _____

Appointment Date _____ Time _____ am/pm

Please try to avoid prescribing antibiotics/pain pills to aid in diagnosis

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

Treatment Requested

- Consultation Only Consultation and Treatment
- RCT for post
- Leave post space
- Permanent access filling

History

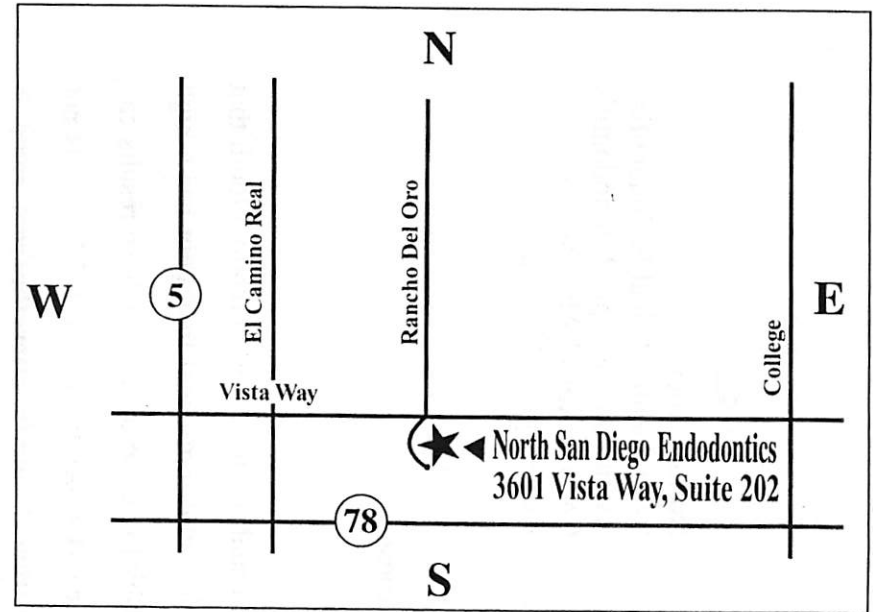
- Prior restoration date _____ Please Circle: Our Office / Another Office
- Prior RCT date _____ Please Circle: Our Office / Another Office / Dr. B's Office
- Is crown to be remade?
- Trauma date _____

Other

- Resorption
- Perforation
- Separated file

Comments

We require 48 hours notice to change or cancel an appointment. A broken appointment charge of \$100 will be charged for failure to give 48 hours notice.



General instructions:

Please show up at least 15 minutes early to fill out the necessary paperwork.

Please do not take any pain medications 6 hours before appointment.

Please bring a list of all current medications and dosages.

Please bring referral form from your general dentist and all dental insurance information.

Minors must be accompanied by a parent or legal guardian.