

# Rancho Mirage Endodontics Palm Springs Endodontics



**Eddie Halasa, D.D.S., M.S.D.**

*Practice Limited to Microscopic Endodontics*

71780 San Jacinto Drive B3 Rancho Mirage, CA 92270

Office: 760.779.0350 Fax: 760.779.0348

Emergency Only: 661.717.7611

Email: rancho.endo@gmail.com

160 N. Luring Drive Suite F Palm Springs, CA 92262

Office: 760.318.0101 Fax: 760.318.0404

Emergency Only: 661.717.7611

Email: palmsprings.endo@gmail.com

Check box if referred to R.M.E.

Check box if referred to P.S.E.

## APPOINTMENT INFO:

This time is reserved for you. If by necessity you must cancel your appointment please notify us at least one day in advance.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Day: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

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

## INSTRUCTIONS TO PATIENTS:

You have been referred for specialized care to an endodontist. Our office will make every effort to make your visit with us a comfortable experience. Please assist us by providing the following information at the time of your consultation.

- Your referral slip & X-rays if applicable
- A list of medications you are presently taking
- If you have dental insurance, bring the necessary information (this will save time and allow us to help you process any claims)
- Please do not take any pain medications prescribed by your dentist 6 hours before consult/exam.

**IMPORTANT:** All Patients under 18 years of age must be accompanied by a parent or guardian at the consultation visit

Please circle tooth or teeth for endodontics consideration:

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

- |   |   |
|---|---|
| <input type="checkbox"/> Consultation & Diagnosis                         | <input type="checkbox"/> Evaluation for retreatment                   |
| <input type="checkbox"/> Pulp was exposed (vital / non-vital)             | <input type="checkbox"/> Endodontics necessary for proper restoration |
| <input type="checkbox"/> Radiolucency and / or pulpal involvement noted   | <input type="checkbox"/> Final restoration                            |
| <input type="checkbox"/> Patient has (had) pain / swelling or sensitivity | <input type="checkbox"/> Prepare post space                           |
| <input type="checkbox"/> Please evaluate & treat as necessary             | <input type="checkbox"/> Place post & build up                        |

Other findings or remarks \_\_\_\_\_

\_\_\_\_\_

Analgesic prescribed \_\_\_\_\_  Antibiotic prescribed \_\_\_\_\_

Patient will be returned to referring doctor for final restoration.

**For more info about our practices please log on to our websites at:  
www.RanchoMirageEndodontics.com or www.PalmSpringsEndo.com**

RANCHO MIRAGE, CA



PALM SPRINGS, CA

