

Eddie Halasa, D.D.S., M.S.D
Diplomate of the American
Board of Endodontics



Rancho Mirage
Palm Springs
ENDODONTICS

Rita J. Hung D.M.D., M.P.H., M.S.D.
Board Eligible



PRACTICE LIMITED TO MICROSCOPIC ENDODONTICS

71780 San Jacinto Drive B3 Rancho Mirage, CA 92270

Office: 760.779.0350 Fax: 760.779.0348

Email: rancho.endo@gmail.com

Check box if referred to R.M.E.

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

Office: 760.318.0101 Fax: 760.318.0404

Email: palmsprings.endo@gmail.com

Check box if referred to P.S.E.

TODAY'S DATE _____

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: _____ Referring Doctor: _____

Patient Phone #: _____ Email: _____

Insurance Info: _____

INSTRUCTION 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 endodontic 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 Only | <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"/> Place Buildup |
| <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 and Buildup |

Other findings or remarks _____

Analgesic prescribed _____ Antibiotic prescribed _____

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

Emergency Only: 661.717.7611

RANCHO MIRAGE, CA



PALM SPRINGS, CA

