



TIM BACHMAN, DMD  
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Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Tooth/Area for Evaluation: \_\_\_\_\_

Referring Dr.: \_\_\_\_\_

Please email the referral and xray.  
info@anchorendogroup.com

**History:**

- Periapical radiolucency     Hot/Cold Sensitivity     Previous Endodontic Treatment  
 Spontaneous Pain     Pulp Exposure     Trauma  
 Chewing sensitivity     Other: \_\_\_\_\_

Duration of Symptoms: \_\_\_\_\_

**Prescriptions:**

- Rx Pain Medication: \_\_\_\_\_  
 Rx Antibiotic: \_\_\_\_\_

**Cone Beam CT Taken at Every Consultation**

**Treatment Requested:**

- Consultation only     Consultation and Treat as Needed  
 Cone Beam CT Only  
 Other: \_\_\_\_\_

Radiograph:     Emailed     Not Available

Access Restoration Preference: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Online Referring Available: ANCHORENDOGROUP.COM \*