



FRANK HERNANDEZ, DMD, PA
endodontics

Introducing: _____

For endodontic consideration of the following tooth (teeth):

Referral from Dr. _____ Date: _____

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		

Sensitive to:

- Pressure
- Hot
- Cold

Symptoms

- Swelling
- Fistula

Crown or bridge cemented:

- Temporarily

- Permanent

Tooth will need to be:

- Prepared for post
- Temporary restoration

- Restore simple access opening

Your appointment is _____ at _____

Medications prescribed: _____

Remarks: _____

Please provide this referral, any x-rays and a current list of your medications at your appointment.

10125 West Colonial Drive • Suite 208
Ocoee, Florida 34761 • 407-294-7558
www.fhernandezdmd.com • Email: info@fhernandezdmd.com