



# SILVER LAKE ENDODONTICS

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425-316-8484  
SilverLakeEndodontics.com

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Specialty practice in endodontics  
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Patient Name: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

Tooth to be evaluated / treated: \_\_\_\_\_

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

Reason for Referral

- Consultation
- Root Canal Treatment
- Retreatment
- Apicoectomy
- CBCT

Other information

- Crown/bridge is cemented temporarily
- Leave post space
- Call me about this case

Comments: \_\_\_\_\_

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