

Beam Endodontics

Practice Limited to Microscopic Endodontics

Nathan Beam, D.D.S., M.S.

Introducing _____
Referred by Dr. _____
Date of Referral: _____

Patient is being referred for the following:

- Root Canal Treatment Diagnosis Retreatment Endodontic Surgery

Tooth # _____

- Asymptomatic Pulp was exposed Leave post space
 Patient has acute pain RCT begun Place temporary restoration
 CBCT Scan needed Tooth has Fracture Restore simple access opening
 Periapical radiolucency Pre-prosthetic endodontics required Crown cemented (Temporary/Permanent)
 Resorption (Internal/External)

Tooth is treatment planned for: _____

Comments: _____

Appointment:

Day: _____ Date: _____ Time: _____

Patient will be instructed to return for final restoration.

Please do not take any pain relieving medication 6 hours prior to your appointment as this can make it difficult to identify the tooth causing discomfort.

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