

Beam Endodontics

Nathan Beam, DDS, MS

Patient Information

Name _____
Phone _____
DOB _____

Referring Doctor

Name _____
Email _____
Phone _____
Date _____

Referred for the following:

- Root Canal Treatment Diagnosis Retreatment Endodontic Surgery

Tooth # _____

Treatment Planned for _____

- Acute pain Exposed pulp Crown cemented (Temp/Perm)
 Asymptomatic (Caries/PARL) RCT begun Restore simple access
 Resorption (Internal/External) Fracture Leave post space

Comments _____

Please email the patient's most recent periapical radiograph and this referral to info@beamendo.com

1030 Riverwalk Parkway Suite 201 Rock Hill, SC 29730



803.980.3333




803.548.4414

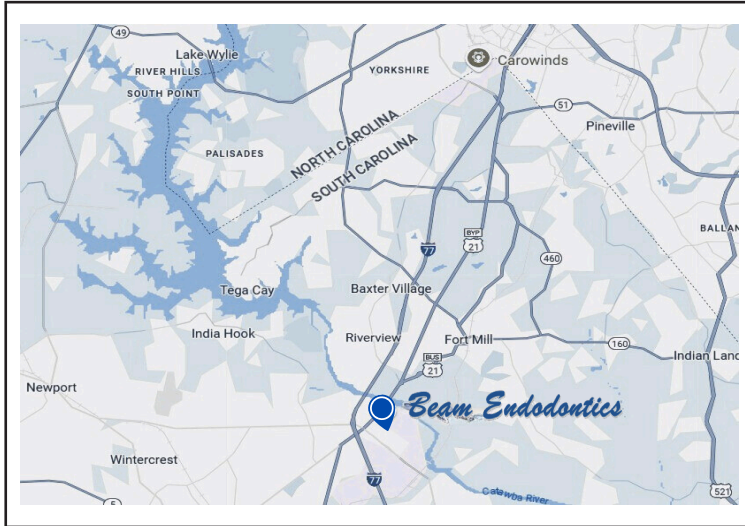


www.beamendo.com

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For the Patient

- Please do not take any pain-relieving medications 6 hours prior to your appointment to allow for proper diagnosis
- Please take all other medications as directed by the prescriber
- If you require antibiotic pre-medication before dental appointments, please take as prescribed
- Please call if you have any questions