Nestor Cohenca DDS, FIADT

Board Certified Endodontist Micro-Endodontics Dental Traumatology www.prime-endodontics.com



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Introducing	DOB:	Today's Date
Referred by Dr		Dr. Phone
TOOTH/AREA Please call p	patient, Pt phone:	Patient will ca
Please check ALL that apply so that we may best serve your patient and your practice.		
☐ Pain ☐ Cold ☐ Hot ☐ Lingering	☐ Consult Only ☐ Conventio	nal RCT 🔲 Retreatment
☐ Swelling ☐ Percussion ☐ Palpation	☐ Endodontic Surgery ☐ Apicoectomy ☐ Date PA taken	
☐ Bite Sensitivity ☐ Pulp Exposure	☐ Post Space ☐ Core ☐ Permanent Restoration	
☐ Periapical Radiolucency ☐ Fracture, Crack	☐ Nitrous Oxide ☐ Oral Seda	tion Other (please explain below)
☐ Trauma ☐ RCT Initiated ☐ Sinus Tract	☐ Please take CBCT Area: Limit	ed, Maxillary, Mandible, Both
Comments		= =

Courtesy indoor parking reserved for patients, see map on other side.

