



Dr. Christopher B. Olson

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PATIENT NAME

PATIENT PHONE NUMBER

ADDITIONAL INFORMATION

PATIENT EMAIL

REFERRING DOCTOR

HISTORY

- Pain
- Swelling
- Pulp Exposure
- Recent Pulp Cap
- Periradicular Radiolucency
- Fracture
- Trauma

TOOTH AREA 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

AGE OF EXISTING RESTORATION: _____

TREATMENT REQUESTED

- Consultation Only
- Intentional Endodontics
- Treat as Needed
- Call Prior to Consultation

AFTER RCT PLACE

- Post Space
- Build Up with Post
- Build Up without Post
- Temporary Filling

SURF CITY ENDODONTICS OFFICE

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