

Andrea Hernandez, DMD MSD

Board-Certified Endodontist

Patient Information

Patient Name: _____

Patient Phone: _____ Date: _____

Referring Doctor: _____

Scheduled Appointment Date: _____ Time: _____

Please Mark Teeth or Area to Be Treated

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Right								Left							
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

For Tooth #: _____

☐ Periapical Radiolucency

☐ Tooth has a Fracture

☐ Pulp was Exposed

☐ RCT Initiated

☐ Please Call Concerning the Patient

☐ Oral Sedation

Reason for Referral

☐ Consultation Only

☐ Root Canal Treatment

☐ Other: _____

☐ Root Canal Retreatment

☐ Endodontic Microsurgery

Seal Access Using

☐ Restore Access Opening as Needed

☐ Other: _____

☐ Temporary

☐ Leave Post Space

Additional Information/Special Instructions

See back for map

Riverview

ENDODONTICS

Accepted Insurances

- Aetna Extend
- Careington
- GEHA/Connection Dental
- Humana PPO
- MetLife PDP Plus and FEDVIP
- Assurant/Sunlife/DHA
- And More!

For more information please visit **www.riverviewendo.com**

If unable to attend your appointment, kindly give at least 24 hours notice.

**27399 Riverview Center Blvd, Suite 104, Building 4
Bonita Springs, FL 34134**



**We are Located
in Building 4**

