



Endodontic Specialists inc.
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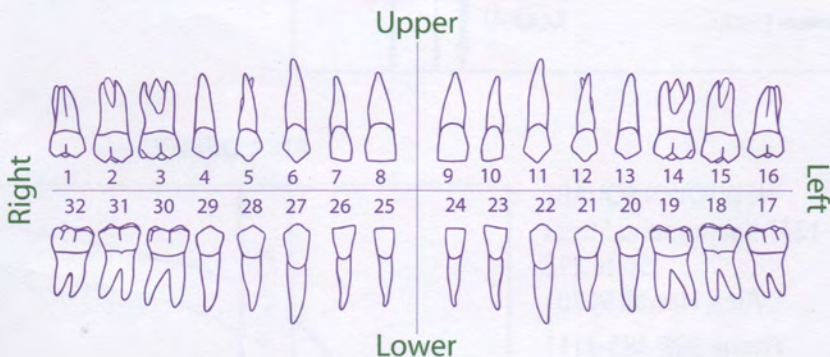
GARY S. YONEMOTO DDS, MS
WADE K. NOBUHARA DDS, MS
PATRICK J. MUNLEY DMD, MS
RACHEL M. YORITA, DDS

Introducing _____

Referred by Dr. _____ Phone _____

- Diagnostic Consultation of: _____
- Previous RCT or Surgery: _____
- Diagnosis and Treatment of: _____

(Circle Tooth / Area Involved)



Post Space (Circle): Yes No Dr.'s Discretion

- Call After Examination
- The Tooth is Treatment Planned for (Circle):
Restoration of Access / Crown / Replacement of Crown

Remarks:

