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Patient: _____ Phone: _____

Referred by: _____ Date: _____

Evaluate and treat Evaluate Only CB-CT Scan

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

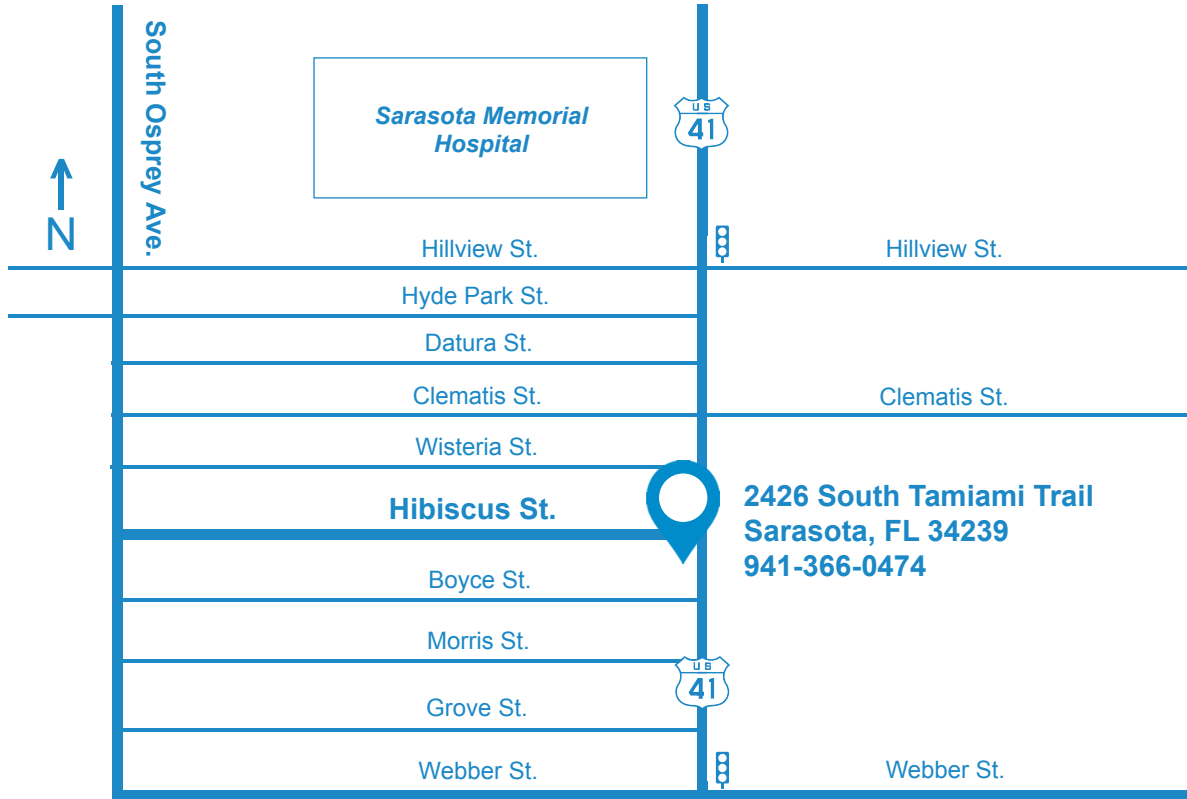
Remarks: _____

Please check all that apply:

- Thermal Sensitivity
- Swelling
- Tooth previously opened
- Endodontics necessary for restoration
- History of crack or fracture
- Previous trauma
- Previous treatment appears to be failing
- Patient has vague unlocalized pain in the area indicated
- Bite Sensitivity
- Radiograph reveals radiolucency
- Pulpal Exposure

Reinforcement Request:

- Place temporary
- Place final restoration in access
- Create post space
- Place Post & Core



South Osprey Ave.



*Sarasota Memorial
Hospital*



Hillview St.



Hillview St.

Hyde Park St.

Datura St.

Clematis St.

Clematis St.

Wisteria St.

Hibiscus St.



**2426 South Tamiami Trail
Sarasota, FL 34239
941-366-0474**

Boyce St.

Morris St.

Grove St.



Webber St.



Webber St.