Damon J. Westwood, D.D.S., Inc.

Practice Limited to Endodontics
Intravenous Sedation

Specialist Member

(858) 866-0696
Fax (858) 866-0388

Introducing: _____
Last First

Referring Doctor: _____

Tooth # _____ Date: _____

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

- ☐ Endodontic treatment required
- ☐ Evaluate for retreatment or surgery
- ☐ Consultation and diagnosis
  - No Pain Medication 8 Hours Prior To Consultation Appointment
- ☐ Post space desired
- ☐ Build up for final restoration
- ☐ IV sedation requested

Comments: _____

Appointment date:

_____
Day Date Time

- Please give 24 hour notice in case of cancellation.

Pacific Beach • 1915 Hornblend Street • San Diego, CA 92109

www.drwestwood.com