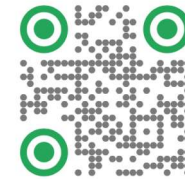




**Root Canal & Dental Trauma**  
CENTER  
ERIKA SILGUERO DDS, MSD.  
Endodontist

**Ph. (956) 215-7060**  
**Fax.(956) 731-4013**

SCAN THIS QR FOR DIRECTIONS



Thank you Dr. \_\_\_\_\_

Office/branch: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

for introducing us to: \_\_\_\_\_

DOB: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

☐ Please Do not apply Buildup

☐ Consultation/ Diagnosis vague Symptoms

☐ Root Canal treatment

☐ Retreatment evaluation

☐ Apicoectomy surgery

☐ Endo treat for restoration

☐ Pain

☐ Pulp exposure

☐ X-Ray evidence

☐ Post space needed

☐ Crown placed:

☐ Temporary ☐ Perm

☐ Premedication Needed

☐ Physician clearance needed

☐ Medical alert/ complication

☐ Please call regarding patient

☐ CBCT Scan w/o interpretation

May we reduce occlusion? ☐ Yes ☐ No

Medication Given ☐ Yes ☐ No

After completion of treatment with us, would you like our front office to coordinate with your front office, to schedule the patient's return to the referring doctor's office.  
☐ Yes ☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

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**Suite 120**

**McAllen, Texas 78501**

\_\_\_ Yes \_\_\_ No "By providing my phone number, I consent to receive SMS text messages from Root Canal & Dental Trauma Center for appointment reminders, marketing messages, and general two-way communication. Msg frequency varies. Msg&data rates may apply. Reply HELP for support. Reply STOP to opt out. Please check our privacy policy and terms and conditions for details at (www.RCDTcenter.com/privacy-policy and www.RCDTcenter.com/terms-and-conditions)".

SMS Text Consent Signature