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._____

Ofiice/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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WWW.RCDTCENTER.COM
@RCDTcenter Facebook.com/RCDTCENTER/
RCDTCENTER@GMAIL.COM

101 E. Expressway 83
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)".

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SMS Text Consent Signature