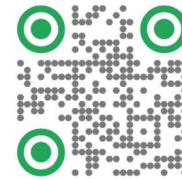




Root Canal & Dental Trauma
CENTER
ERIKA SILGUERO DDS, MSD.
Endodontist

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: _____

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

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Suite 120

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____ 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