



SYNERGY ENDODONTICS  
**DAVID LI, D.M.D. • JUNG LIM, D.D.S.**  
**DAVID BERRIOS, D.D.S.**

PRACTICE LIMITED TO ENDODONTICS AND MICRO-SURGERY

(Today's Date) \_\_\_\_\_

Introducing: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Appt. Date: Time: \_\_\_\_\_

**Please Note: X-rays not necessary to send.**

Eval # \_\_\_\_\_

RCT # \_\_\_\_\_

Surgical RCT # \_\_\_\_\_

Re-treatment # \_\_\_\_\_

**Please Perform**

Post Space

Build-up

**Proposed Restorative Treatment Plan**

\_\_\_\_\_

**Patient was prescribed:**

Antibiotics \_\_\_\_\_

Analgesics \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_

**I would appreciate:**

PHONE CALL WRITTEN REPORT

Completion of Treatment

Restorative Recommendation

Other: \_\_\_\_\_

72-650 FRED WARING DR., SUITE 207

PALM DESERT, CA 92260

TEL: (760) 340-3341 FAX: (760) 340-1088

PDENDO@GMAIL.COM



**MAP ON BACK**

White-Patient Yellow-File

American Association  
 of Endodontics  
 Specialist Member

*Patient: Please plan on arriving 15 minutes early to your first appointment for paperwork, as we all try to be on time to the best of our ability.*

