



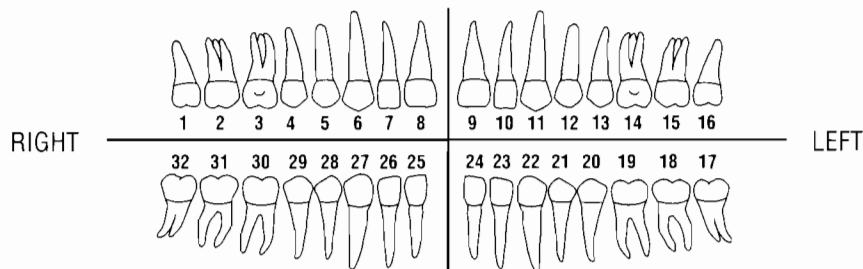
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**Introducing** \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Date \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

**PLEASE CIRCLE THE AFFECTED TOOTH OR TEETH**



**PLEASE CHECK THE APPROPRIATE CONDITION OR TREATMENT REQUEST**

- Acute Symptoms - Immediate Care Requested
- Diffuse Pain - Please evaluate and treat appropriately
- Radiograph Reveals Periapical Radiolucency
- Pulp Exposure
- Partial Pulpectomy / Pulpotomy Performed on \_\_\_\_\_
- Failing Root Canal Treatment
- Traumatic Dental Injury on \_\_\_\_\_
- Root Canal Treatment for Restorative Purposes
- Prepare Post Space

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

\_\_\_\_\_

White Copy: Give to patient • Canary Copy: Retain for your records

*Thank you for your kind referral.*

**MAP AND DIRECTIONS ON REVERSE**