



**ENDODONTIC ASSOCIATES  
SARATOGA**

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**OFFICE HOURS**  
**Monday–Friday**  
**8am–5pm**

Please do not take  
pain medication  
at least 6 hours  
prior to  
appointment.



DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PATIENT NAME \_\_\_\_\_

PHONE / EMAIL \_\_\_\_\_

REFERRED BY \_\_\_\_\_

TOOTH # \_\_\_\_\_

**SERVICES ALREADY PERFORMED:**

- Tooth opened, medicated and sealed.
- Patient placed on antibiotic / analgesic.
- Other \_\_\_\_\_

**SERVICES REQUESTED:**

- Consultation
- Evaluate and treat as indicated
- Evaluate for surgery or retreatment
- Do Core Buildup
- Fill access opening with \_\_\_\_\_
- Other / Comments \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

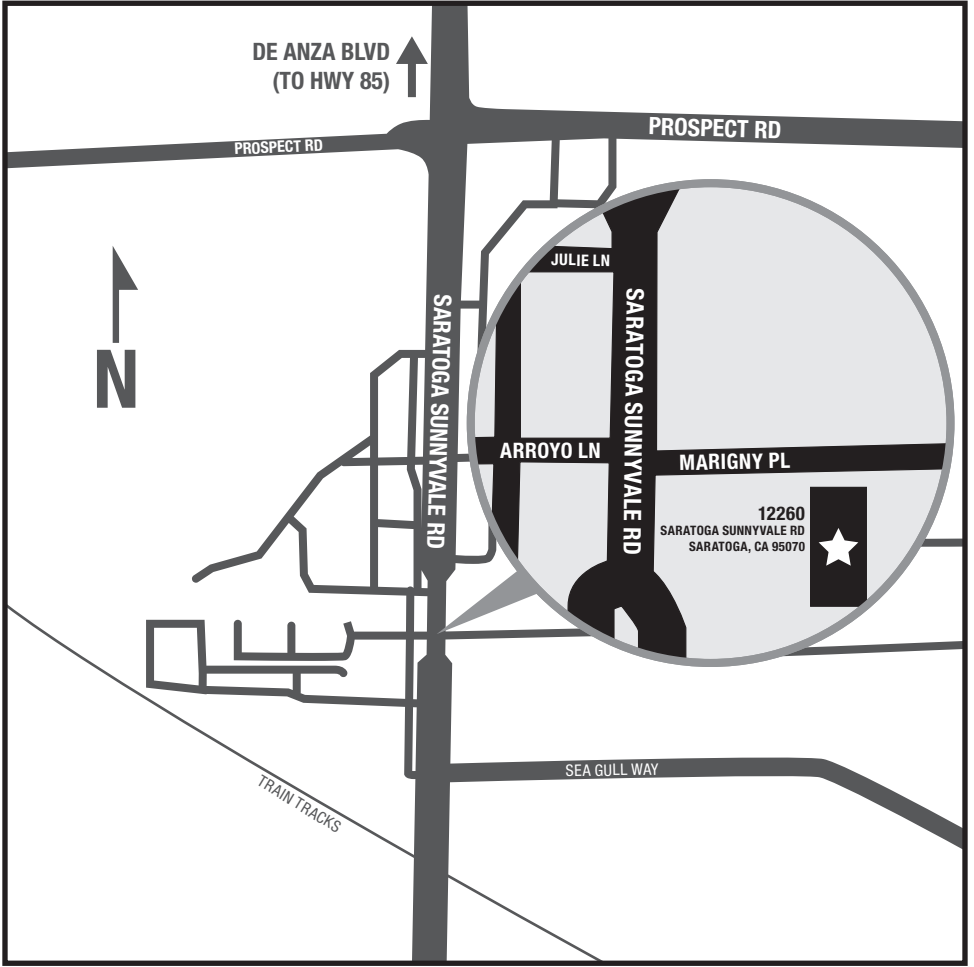
**RADIOGRAPHS / REFERRAL WILL BE:**

- Emailed
- Faxed
- Given to patient

**APPOINTMENT:**

DATE \_\_\_\_\_ TIME \_\_\_\_\_

DOCTOR \_\_\_\_\_



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