

# Bainbridge Endodontics

Endodontics & Microsurgery

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Please Bring Completed Form To Your Appointment.

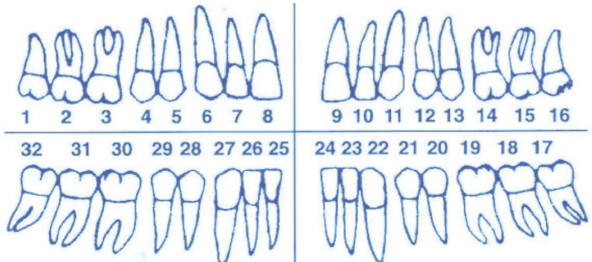
Introducing \_\_\_\_\_ Phone No. \_\_\_\_\_

Date \_\_\_\_\_  Patient Will Call  Call Patient For Appointment

Referring Dr(s) \_\_\_\_\_ Tooth No. \_\_\_\_\_

## Notes

- Pain, Swelling
- Pulp Exposure
- Temperature Sensitive
- Periapical Radiolucency
- Fistula



## Referral Request

- Consultation
- Root Canal Treatment
- Retreatment
- Surgery
- CBCT
- Please Leave Post Space
- Please Restore the Access
  - Temporary
  - Permanent
- Orifice Barrier



Download QR App  
Scan for Directions.

## X-Ray

- Are Needed
- Are Enclosed
- Will Be Emailed

## Comment

- Please call me to discuss

If you are unable to keep your appointment,  
kindly give us a 48 hour notice.

