



James D. Gearing, D.D.S.  
 A Dental Corporation  
 General Dentistry Limited To Endodontics  
[info@gearingendo.com](mailto:info@gearingendo.com)

639 Pauline Ct., Suite J  
 Sonora, Calif 95370  
 (209) 532-6718  
 Fax (209) 532-1851

575 Stanislaus St., Suite A  
 Angels Camp, Ca 95222  
 (209) 736-2799  
 Fax (209) 736-4277

655 New York Ranch Rd, Suite 1  
 Jackson, Ca 95642  
 (209) 223-3992  
 Fax (209) 223-3975

Date: \_\_\_\_\_

Patient's Name \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Referred by Dr: \_\_\_\_\_

Evaluate for Endodontic Treatment (circle)

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

- Patient in pain—Please treat as soon as possible
- Consultation Only
- Return phone consult requested prior to treatment
- Following endodontic treatment patient will have:
- Full coverage
- Simple restoration only

- PLEASE SPECIFY
- Place post & core
  - Place core only
  - Bonded composite
  - Amalgam
  - Place post space only

Remarks & Patient History:

---



---



---



---



---