KWAN ENDODONTICS

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Diplomate of the American Board of Endodontics

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Int	troducing Date
Re	eferred By
	opt. Date Time ease check in 15 minutes before your appointment
PI	ease circle teeth or area that may need treatment:
	Right 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Left
Pre	eoperative Considerations
	History of: pain swelling sinus tract apical radiolucency (please circle)
	History of deep decay
	History of carious pulp exposure
	History of pulpotomy or pulpectomy Tooth has been temporized with:
	History of dental trauma When and type of injury (if known):
	History of previous root canal therapy When and by whom (if known):
	Post required to restore tooth (Root canal indicated for restorative reasons)
Ро	stoperative Considerations
	Place temporary filling
	Prepare tooth for post
	Place permanent filling if appropriate
Ot	her Notes

Driving Directions

From I-405 Northbound (From Burien and I-5): Take exit 1 for W Valley Hwy/WA-181 S towards Tukwila. Turn left onto WA-181 N/Interurban Ave S/W Valley Hwy. Turn right at 2nd light onto Fort Dent Way. We are the first building on the right.

From **I-405 Southbound** (From Bellevue/Renton and WA-167): Take exit 1 for WA-181 S towards Tukwila/W Valley Hwy. Use left lane to go straight off of off ramp onto Fort Dent Way. We are the first building on the right.