



Omar A. Macaraeg, D.D.S., M.S.
 2 West Dry Creek Circle, Suite 170
 Littleton, CO 80120
www.ces-mac.com
 email: admin@ces-mac.com
 Phone: 303-795-9699
 Fax: 303-795-9697

Tooth Number

Please call Referring Doctor

Introducing: _____

Patient will call to schedule

Please contact patient to schedule

Patient Phone Number: _____

Radiographs:

Given to Patient

Emailed to admin@ces-mac.com

Sent in the Mail

Please perform:

Endodontic Consultation

* A 3D Cone Beam Scan will be completed as necessary

Endodontic Therapy

Pulp Exposure

Pulpotomy Performed: _____

Post Preparation Needed

Endodontic Surgery

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Remarks: _____

Patient Preparation:

- If there are recent periapical radiographs (PA), please arrange for them to be here at the time of your appointment.
- 3D Cone Beam Scan will be performed for any previously treated tooth and/or any other compromised conditions.
- Other items that are needed is a list of current medications along with dosage information.
- If you are under 18 years of age, please bring a parent or guardian.
- If you are not able to keep your appointment, please inform our office 48 hours in advance.
- Please have your insurance information available when scheduling your appointment.
- If you have multiple dental insurance plans, CES will honor the primary and will assist with filing your secondary policy.
- Please call our office with any questions you may have.

Referred by Dr. _____