



# CHARLESTON ENDODONTICS

30 years of experience ♦ 3 convenient locations

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**West Ashley**  
1051 Gardner Rd., Ste B  
843-766-5070

**N. Charleston**  
5401 Netherby Ln. Unit 902  
843-569-1717

**Summerville**  
508 N. Pine Street  
843-376-2222

Patient Name: \_\_\_\_\_

Patient Number: \_\_\_\_\_ Date: \_\_\_\_\_

Tooth for Evaluation/Treatment: \_\_\_\_\_

Previous RCT

Localized Pain/Swelling

Non Localized Pain/Swelling

Treatment for restorative purposes

Treatment has been started

3D CBCT Imaging

Place Core Build-up

Prepare Post Space

IV sedation

Oral sedation

AUTHORIZED PROVIDER

**GentleWave**  
PROCEDURE

SCAN ME



Comments: \_\_\_\_\_

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\_\_\_\_\_

Referred By: \_\_\_\_\_