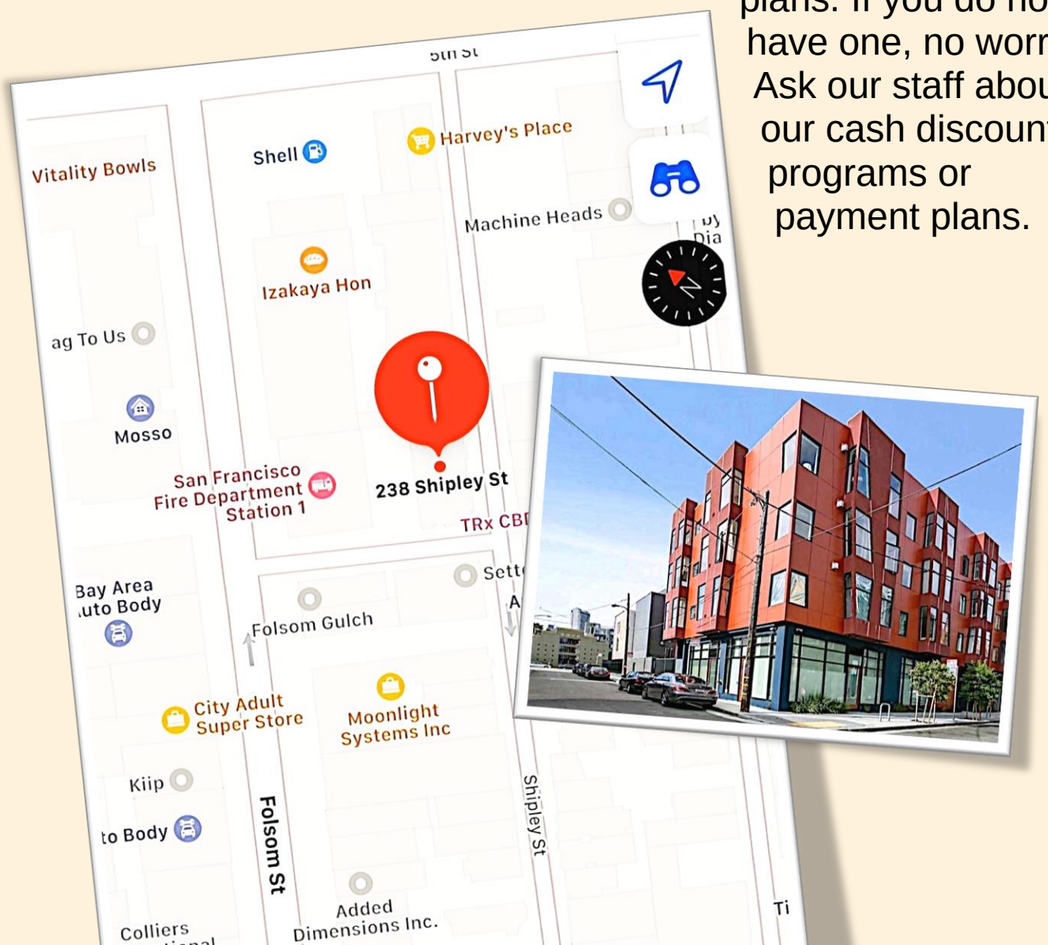
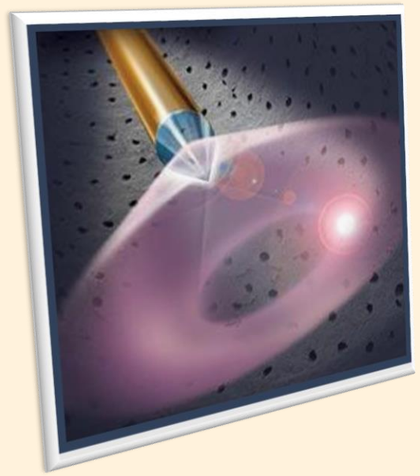
If you experience any pain, swelling, and/or related dental emergencies, please ask our staff for the same day or next day visit.

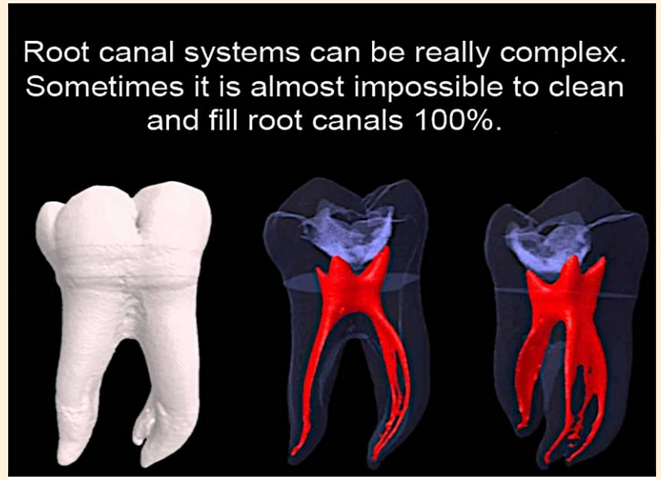
SOMA Endodontics specializes in saving teeth. We diagnose tooth pain and determine the necessity of root canal treatment. When needed, we perform root canal treatment and related surgical or nonsurgical procedures to treat the pain and conditions, caused by tooth infection and/or injuries. We work with your general dentists and other dental specialists to provide the beautiful smile you deserve. We accepted all PPO insurance plans. If you do not have one, no worry. Ask our staff about our cash discount programs or payment plans.



SOMA Endodontics
Dr. Orapin Horst DDS, MS, MSD, PhD
238 Shipley Street, San Francisco CA 94107
Call/Text 415-278-7015
24/7 Online chat & Booking at
www.somaendodontics.com
www.somaendo.com

At SOMA Endodontics, we utilize high-resolution 3D X-ray to visualize the root canals and surrounding structures of teeth and bone along with clinical tests for accurate diagnosis. Additionally, we have integrated laser-assisted technologies to sterilize these infected and complex root canal systems. Recent studies showed that this laser-assisted technique eliminated 99.99% of bacteria to a depth of 1000 microns into the root canal walls. We also use lasers for other aspects of our care. Please discuss with Dr. Horst for more information.

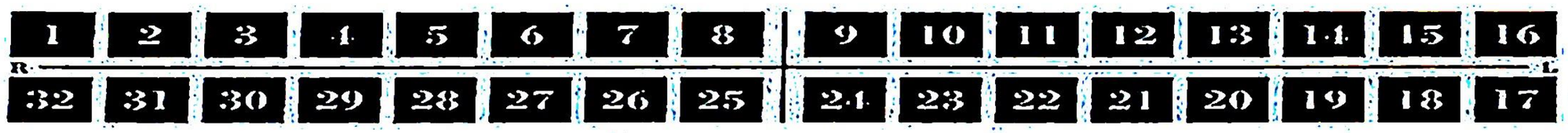




Referrals can be sent online 24/7 at www.somaendodontics.com & www.somaendo.com.
Email: info@soma-endo.com, Fax: 415-278-7018

REFERRAL NOTES:

Introducing: _____Date:_____Patient's phone #:_____Email:_____
Referral doctor:_____Email:_____Office's name:_____Office's phone#:_____



Reasons for referral:_____**Tooth number (s):**_____
Please indicate any existing conditions below:
_____**Deep caries. If there is no sign or symptom of irreversible pulpitis or pulp necrosis, please indicate:**
___Please complete caries removal and send the patient back for final restoration if there is no pulp exposure.
___Please complete caries removal and provide prophylaxis root canal treatment before final restoration.

_____Pulp exposure, _____Swelling, and/or _____Pain. Please indicate area/stimulus:_____
_____Trauma. Please indicate type/area:_____
_____Intentional root canal treatment is required for proper restoration.
_____Crown/Bridge. Will the restoration be replaced? ___Yes ___No
_____Existing root canal treatment. Please indicate the treatment date (month/year) if known_____
_____Existing radiograph. Please send to info@soma-endo.com
Special Instructions:_____
_____Leave a space for a post. _____Place a post and a build up. _____Place a build up. _____Place a temporary filling.
_____Please take 3D X-ray/CBCT. Please indicate area/tooth number(s):_____

Please have the patient fill out new patient forms at the patient portal on our website: https://www.somaendo.com