



Date: _____

Referring Doctor: _____

Patient Name: _____

Patient Phone: _____

Patient Email: _____

Important Patient Information:
Please do not take any pain medication 6-8 hours before your consultation with us (if possible). This will increase the accuracy of our testing.

You can log onto our secure website and conveniently complete Patient Registration, Medical History & Pain History online prior to the appointment. Please contact our office for an ID and Password.

Tooth #:

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

Endodontic services requested:

- Consultation only.
- Consultation only. Please call before any treatment.
- Evaluate & treat as needed
- Evaluate & treat (Re-treatment or Periapical Surgery)
- Leave Post Space
- Other

Services already performed:

- Tooth has been opened, medicated and sealed
- Patient has been placed on an antibiotic and analgesic

Coronal Restoration requested:

- Temporary cement
- Permanent Build up
- Post & Core Build -Up
- Other _____

Special Instructions:

