

Welcome

Patient Name _____ Date _____

Phone #s H _____ W _____

Referring Doctor _____

- Patient will call
- Please call patient
- My appointment
- Date _____
- Time _____

For ENDODONTIC consideration of the following teeth:

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

REFERRED FOR:

- Endodontic Treatment as needed
 - Symptomatic
 - Pulp Exposure
 - Required for Proper Restoration
- Endodontic Retreatment
- Surgical Endodontic Treatment (Apicoectomy)

ADDITIONAL:

- Consultation only (do not start treatment)
- Place build-up (w/ post if needed)
- Leave post space
- Treatment planned for a new crown or bridge

Comments: _____

INSTRUCTIONS TO PATIENTS

Please call for an appointment.
Please bring a list of all the medications that you are currently taking.
Minors must be accompanied by a parent or guardian.
Payment in full is required on the day of the service/treatment.

E-mail Report to Referring Doctor at : _____

WHITE - Give to Patient

YELLOW - Keep in YOUR Patient Chart

Your dentist has referred you to an endodontist. Endodontists are dental specialists who have additional education and training in root canal therapy and other procedures involving the dental pulp. They are experienced in treating complicated cases, traumatic injuries and can usually save teeth which would otherwise be lost.

Since endodontists limit their practices to pulp-related procedures, you will need to return to your family dentist for the final restoration of the tooth. Your dentist then continues to oversee your dental care including regular check-ups and cleaning.

Please advise our office if you have any special needs when you make your appointment. We realize that your time is valuable. Our office is dedicated to keeping you comfortable during and after treatment, honoring your appointment time and providing you with a clean and cheerful environment where strict infection control procedures are followed. We look forward to serving you.

