Northshore Endodontics

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Introducing _____ Date _____

Home Phone _____ Work Phone _____

Referring Dr. _____ Phone _____

Patient is appointed for _____ at _____

Tooth/Area to be Evaluated for Treatment _____

History (Please check)

☐ Spontaneous pain ☐ Hot/cold sensitivity ☐ Chewing sensitivity

☐ Periapical radiolucency ☐ Pulp exposure ☐ Trauma

☐ Endodontics started ☐ Previous endodontic treatment

☐ Other _____

Date or duration (of checked) _____

☐ Rx Antibiotic _____ started on _____

☐ Rx Pain meds _____ started on _____

Treatment Requested

☐ Consultation only

☐ Examine and treat as needed

☐ Return phone call prior to starting treatment

☐ Prepare canal with post space (size will be kept conservative)

☐ Other _____

Comments _____

_____

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Welcome to Our Office

- Please contact us to schedule your appointment.
- You can visit our website to learn more about our office prior to your appointment.
- It is helpful to bring your referral slip.
- All patients under the age of 18 must be accompanied by a parent or legal guardian.
- You are responsible for payment of fees upon completion of treatment. As a courtesy to you, we will assist in the processing of insurance.
- A 48 hour notice is required to reschedule an appointment.