



Referred By Dr. \_\_\_\_\_

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

Patient Phone Number: \_\_\_\_\_

Patient Email: \_\_\_\_\_

Date: \_\_\_\_\_ Appt. Date & Time: \_\_\_\_\_

Tooth Number(s): \_\_\_\_\_

- Patient has pain, swelling or sensitivity
- Evaluate for periapical or corrective surgery
- Pulp exposure
- Tooth has been opened (pulpectomy/pulpotomy)
- Radiograph revealed a periapical radiolucency
- History of trauma      Date of trauma: \_\_\_\_\_
- Endodontics necessary for restorative reasons
- Post space will be necessary
- My patient will benefit from sedation (consultation needed)
- Medications Prescribed: \_\_\_\_\_

**Remarks:**



**To assure that you are receiving the highest quality of care, please observe the following:**

1. If your visit is for a consultation only, we will evaluate your problem and design a treatment plan to fit your needs. This may include sedation, surgery, etc.
2. If you are here for a diagnosis, or emergency appointment, your root canal therapy will be **started at your first visit.**
3. At the initial visit, patients under the age of eighteen (18) must be accompanied by a parent or guardian.
4. Please bring a current list of medications with you and supply us with all pertinent medical information.