ENDODONTIC ASSOCIATES
SARATOGA

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OFFICE HOURS
Monday–Friday
8am–5pm

Please do not take pain medication at least 6 hours prior to appointment.

NEW PATIENT INFORMATION

DATE ____ / ____ / ____

PATIENT NAME _____

PHONE / EMAIL _____

REFERRED BY _____

TOOTH # _____

SERVICES ALREADY PERFORMED:

- ❑ Tooth opened, medicated and sealed.
- ❑ Patient placed on antibiotic / analgesic.
- ❑ Other _____

SERVICES REQUESTED:

- ❑ Consultation
- ❑ Evaluate and treat as indicated
- ❑ Evaluate for surgery or retreatment
- ❑ Do Core Buildup
- ❑ Fill access opening with _____
- ❑ Other / Comments _____

RADIOGRAPHS / REFERRAL WILL BE:

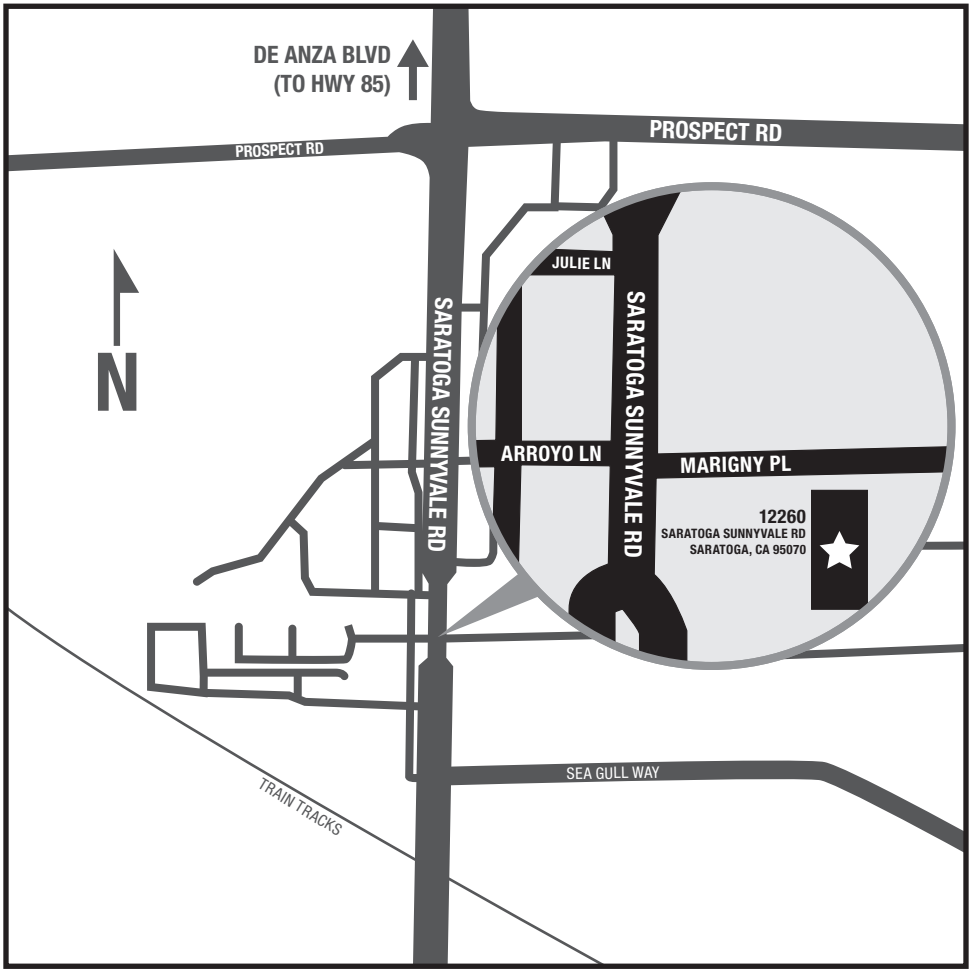
❑ Emailed ❑ Faxed ❑ Given to patient

APPOINTMENT:

DATE _____ TIME _____

DOCTOR _____

REV. 2/2022 • #84833



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