



**Northcoast
Endodontic
SPECIALISTS**

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Introducing: _____

for endodontic consideration.

Comments: _____

Referred by Dr. _____ Phone: _____



Scan QR Code to complete paperwork
prior to appointment.
Click "Complete and Send" when
finished.

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

- Please Phone
- Prepare Post Space
- Endodontic treatment is necessary for proper restoration
- X-Ray revealed pulpal involvement
- X-Ray revealed radiolucency
- Tooth is open for drainage
- Patient has vague toothache
- Patient has pain, swelling or sensitivity
- Crown/bridge is cemented temporarily
- Other: _____

See Reverse Side for Directions

