



NORTH CAROLINA
ENDODONTICS

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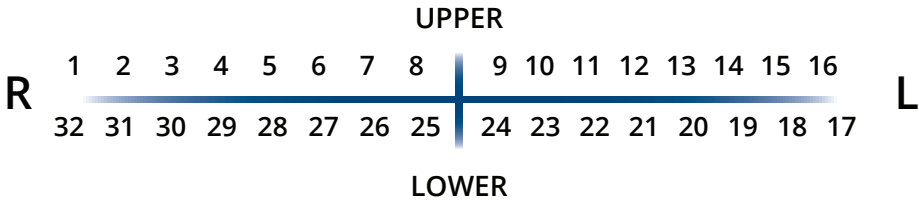
info@northcarolinaendodontics.com • www.northcarolinaendodontics.com

Today's Date _____

Patient's Name _____ Telephone # _____

Referred by Dr. _____ Telephone # _____

PLEASE MARK TEETH TO BE TREATED



TREATMENT DESIRED

- Consultation Root Canal Therapy Root Canal Retreatment
- Apicoectomy Surgery Post Space Preparation Nitrous Oxide
- Oral Sedation CBCT

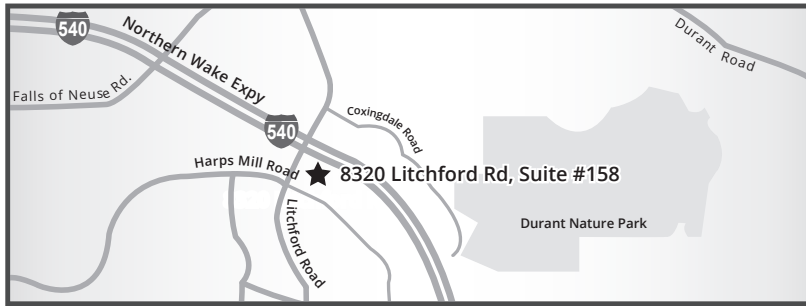
Other Service / Special Instructions _____

PRIOR TREATMENT

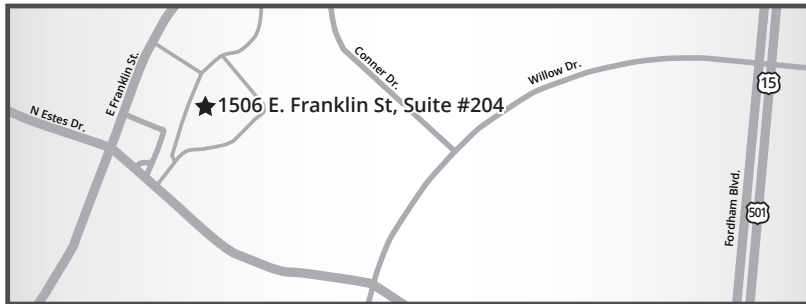
- No treatment involving Pulp Pulpotomy or Pulpectomy
- Pulp Exposure and Cap Previous Endodontic Treatment/Surgery

RESTORE ACCESS WITH:

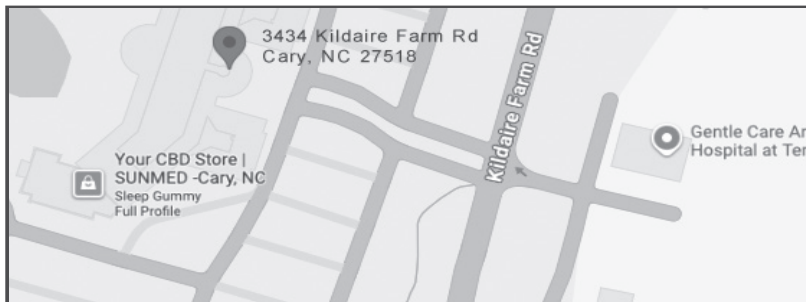
- Temporary Composite



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INFORMATION FOR PATIENTS

PLEASE BRING TO YOUR APPOINTMENT:

- Information to complete a health history
- Name and dose of all current medications
- Dental insurance information

PLEASE CALL OUR OFFICE TO:

- Learn more about endodontic treatment
- Review treatment costs and financial policies
- Discuss what to expect during your visit
- Get directions to our office
- Find out how long your appointment will be

Our staff is happy to help you with any questions.
we look forward to your visit with us.