

NORTHEAST ENDODONTICS

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Register On-Line at
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Introducing _____ Date _____

Referred By Dr. _____

FOR ENDODONTIC CONSIDERATION

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

- | | |
|--|---|
| <input type="checkbox"/> SYMPTOMS INDICATE ROOT CANAL TREATMENT NEEDED | <input type="checkbox"/> OUR PATIENT IS EXPERIENCING PAIN PLEASE EVALUATE |
| <input type="checkbox"/> HISTORY OF PULP EXPOSURE | <input type="checkbox"/> PREVIOUS ROOT CANAL THERAPY |
| <input type="checkbox"/> X-RAY REVEALED RADIOLUCENCY | <input type="checkbox"/> CBCT (3-D X-Ray) |

COMMENTS: _____

Radiographs

- Sent with Patient
- Emailed
- Please Take Necessary X-Rays

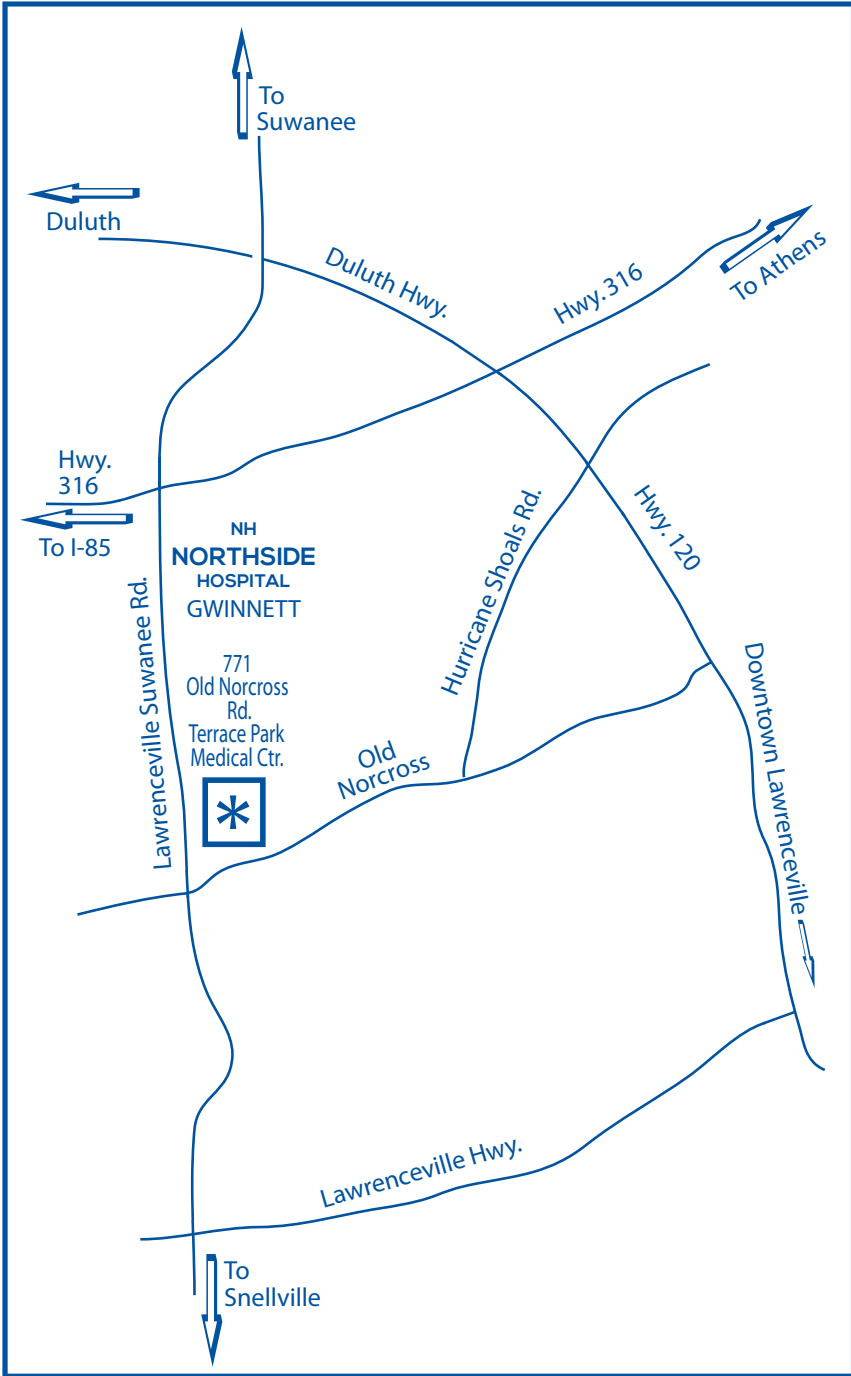
Post Space

- Required
- Not Required

...MAP ON BACK...

Our office is committed to providing you with the highest quality of care possible. To help us in scheduling your appointment, please remember the following.

1. The initial visit, with the exception of certain emergency cases, may be for consultation only. This enables us to fully evaluate your problems and tailor the care to your specific needs.
2. Patients under eighteen (18) years of age must be accompanied by a parent or legal guardian at the time of the initial consult.
3. Please bring all pertinent medical information and a list of all medications you are currently taking.
4. Insurance is filed as a courtesy to you. We request that you confirm your dental coverage prior to your appointment.



Terrace Park Medical Center
*Located on the corner of Old Norcross Rd. and
Lawrenceville Suwanee Rd.*