advanced endodontics

Meet Our Doctors

ineedarootcanal.com **(352) 404-5550**

Patient Name_____ Date _____

Referred by Dr. _____

Team Member's Name (Who Referred)_____

Appointment Date_____Time_____ (AM/PM)

TOOTH / AREA TO EVALUATE

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

Please Provide:

- ☐ Consultation & Diagnosis
- ☐ Root Canal Treatment
- ☐ Retreatment of Previous Root Canal
- ☐ Intentional Root Canal Treatment
- ☐ Apicoectomy

Special Instructions:

- ☐ Leave Post Space
- ☐ Remove Post
- ☐ Core Buildup
- ☐ Post + Core Buildup
- ☐ CBCT Scan
- ☐ Laser Photo Acoustics
- ☐ Red Light Therapy (*for Dry Mouth and Oral Mucositis*)

Clinical History:

- ☐ Pain or Swelling
- ☐ Pulp Exposure / Trauma
- ☐ Possible Cracked Tooth

Future Restorations:

- ☐ Fillings
- ☐ New Crown
- ☐ Other

Comments:

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- ☐ **CLERMONT:** 1471 Johns Lake Road, Suite 1, Clermont, FL 34711
- ☐ **LAKE MARY:** 743 Stirling Center Place, Unit 1701, Lake Mary, FL 32746
- ☐ **LAKE NONA:** 13250 Narcoossee Road, Suite 102, Orlando, FL 32832
- ☐ **PORT ORANGE:** 3821 Woodbriar Trail, Unit 104, Port Orange, FL 32129
- ☐ **WINTER PARK - LAKEMONT:** 201 N. Lakemont Ave., Suite 2400, Winter Park, FL 32792
- ☐ **WINTER PARK - MORSE:** 400 W. Morse Blvd., Suite 102, Winter Park, FL 32789

ATTENTION PATIENT:

Please bring this form and your driver's license to your appointment.