

Name \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Referred By \_\_\_\_\_ Phone \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Molars			Bicuspid		Anterior						Bicuspid		Molars		
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

Treatment Requested	History
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- Examine and treat as necessary
- Examination/diagnosis only
- Endodontic microsurgery/apicoectomy
- Prepare post space
- Surgical crown lengthening
- CBCT Scan/Kodak 9000 in office
- Permanent filling in access

- Acute symptoms (pain, sensitivity, swelling)
- Periapical radiolucency
- Pulp exposure
- Tooth has been previously opened
- Previous endodontic treatment
- Other \_\_\_\_\_

Comments/Requested Coronal Restoration:

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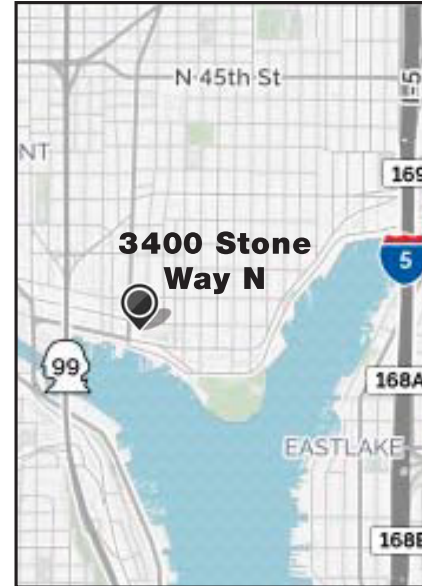
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***Patients can log onto our secure website and conveniently complete Patient Registration, Medical History and Pain History online prior to the appointment. Please contact our office for an ID and Password.***