Niagara ENDODONTICS

DR. G.R. RASTEGAR DENTISTRY PROFESSIONAL CORPORATION
CERTIFIED ENDODONTISTS

Port Plaza 600 Ontario Street Unit 17 St. Catharines Ontario L2N 7H8
T. 905.646.4477 F. 905.646.2893 E. info@niagaraendodontics.com

Patient Name: _____

Referring Doctor: _____ Appointment Date: _____

Tooth Number: _____

Regular ❑ Re-treatment ❑ Apical lesion ❑ Crown present ❑ Para Post Space ❑

Short Amalgam Post Space ❑ No Post Space ❑ Does the patient need a premed? Yes ❑ No ❑

Is your patient a candidate for sedation? Yes ❑ No ❑ Reason why: Anxious ❑ TMJ ❑ Claustrophobic ❑ Gag Reflex Issues ❑

Other: _____

Allergies: Drug ❑ Latex ❑ Other: _____

Did you Rx anything for your patient to take for Infection or Pain? Yes ❑ No ❑ If yes, name: _____

Date started Rx: _____ Duration: _____

Is your patient taking Prednisone? Yes ❑ No ❑ Other medications: _____

PATIENT INFORMATION — Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Address: _____

City: _____ Postal Code: _____

PRIMARY INSURANCE COMPANY: _____

Group/Plan number: _____ Certificate I.D. number: _____

Insurance Subscriber Name: _____

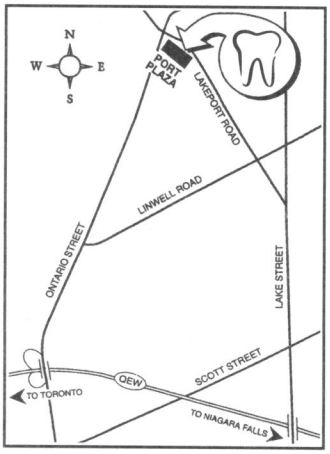
Date of Birth of Subscriber: _____ Date of birth of Patient: _____

SECONDARY INSURANCE: _____

Group/Plan number: _____ Certificate I.D. number: _____

Subscriber name: _____ Date of birth: _____

Consult Only ❑ Consult & Treatment ❑ Appointment Date/Time: _____



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