



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: _____ Referral Date: _____

Referring Doctor: _____ Referring Office: _____

Tooth Number: _____ Regular Re-treatment Crown present Prior access

Notes: _____

Please indicate: Para Post Space Fiber Post Space Short Amalgam Post Space No Post Space

Is your patient a candidate for sedation? No Yes - Why? Anxious TMJ Claustrophobic Gag Reflex

Allergies: Latex Drug - Please name: _____

Did you Rx anything for your patient to take for Infection or Pain? No Yes - Please name: _____

Does the patient need a **premed**? Yes No Is your patient taking **Prednisone**? Yes No

PATIENT INFORMATION — Phone number: _____ Work Phone: _____

Email Address: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

PRIMARY INSURANCE COMPANY: _____

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

Subscriber Name: _____ Subscriber Date of Birth: _____

SECONDARY INSURANCE COMPANY: _____

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

Subscriber Name: _____ Subscriber Date of Birth: _____

Consultation Only Consultation & Treatment

Appointment Date/Time: _____



****Please bring list of current medications and dosages to your appointment****

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