



PINE LAKES ENDODONTICS

Brock Droll, DMD, MS
Elliot Larson, DDS, MS

Patient's Name: _____ Insurance Provider: _____

Phone: _____ Date of Birth: _____ ID #: _____

Scheduled Appt Date/Time: _____ Group #: _____

To Schedule: Please call patient Patient will call Policy Holder/DOB: _____

Radiographs: Emailed to *Referrals@PineLakesEndo.com* Please take radiographs

Please mark relevant tooth

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

Nitrous Oxide: Check here if patient uses nitrous oxide

History of Symptoms _____

Crack Trauma Resorption Pulp exposure

Access Restoration:

Restore temporarily with: Cavit Fuji IX

Fuji IX only (no sponge) Leave post space

Restore permanently with: Composite Amalgam

Current crown is cemented Permanently Temporarily

Teeth that are temporarily restored will be sealed with an orifice barrier unless otherwise requested

Please provide important details: _____

Referring Doctor (Please Print Name): _____

Date: _____ Office Phone: _____

7814 Excelsior Rd. • Baxter, MN 56425 • 218.454.2400 • PineLakesEndo.com

Please send referrals to *Referrals@PineLakesEndo.com* or Fax #: 218.454.2401



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