



# AURORA ENDODONTICS

ROOT CANALS AND MICROSURGERY

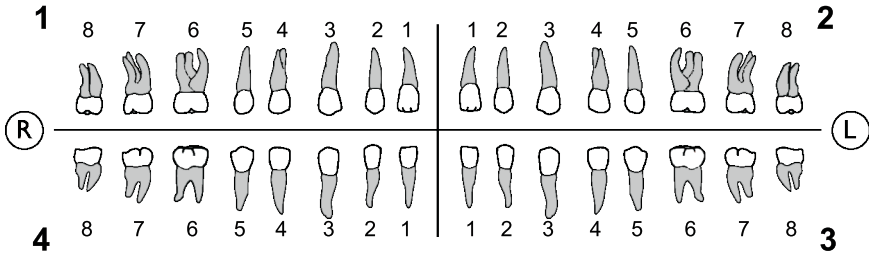
**This will introduce:**

**The following time has been reserved for you:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am pm

**For evaluation of:**



**Reason for Endodontic Referral:**

- Consultation                       Periapical Surgery                       Other \_\_\_\_\_  
 Root Canal Therapy                       Sedation \_\_\_\_\_  
 Retreatment                       CBCT \_\_\_\_\_

**Leave Post Space:** Yes    No (please circle)

**Place Core Build Up:** Yes    No (please circle)

**Comments or any relevant medical history:**

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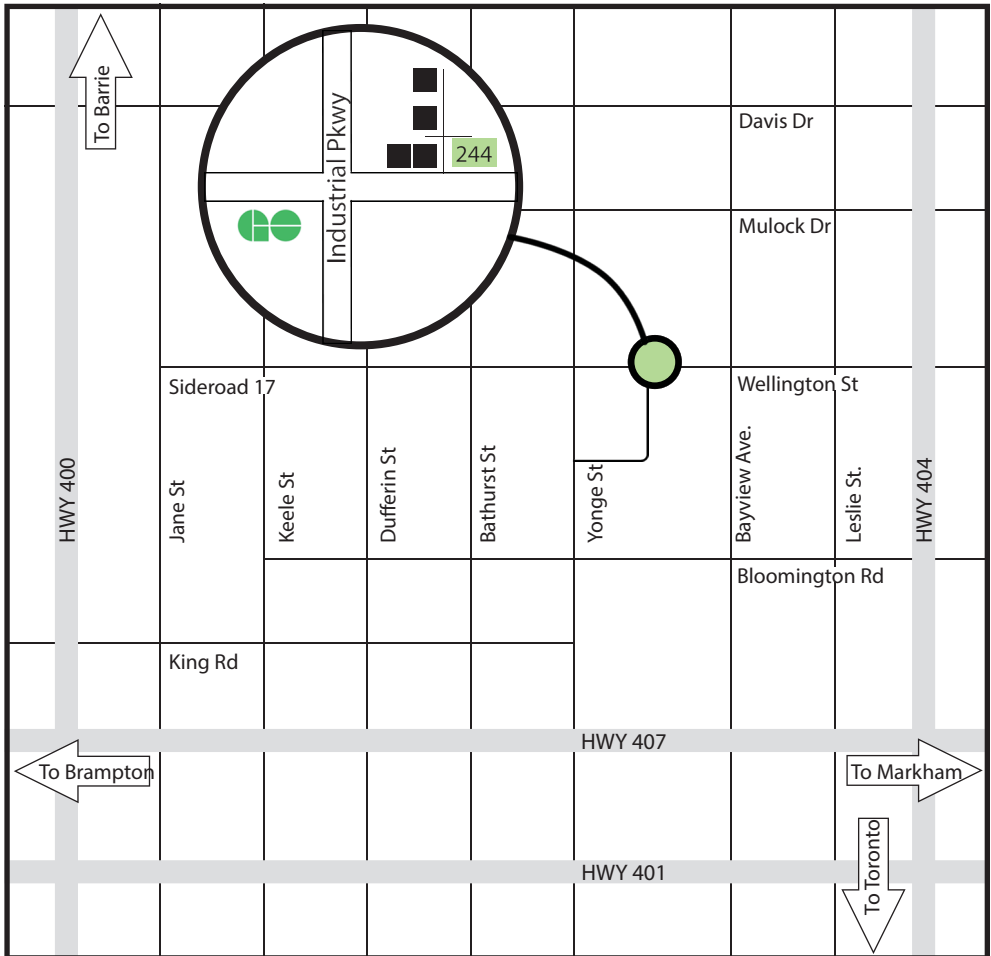
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Referred by Dr. \_\_\_\_\_  Please call me prior to appointment

Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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We are located a two minute walk from the Aurora GO station with easy access to the 404 and 400. Our practice is dedicated to the delivery of quality dental care in the most relaxed, professional and courteous manner possible.

Please bring the following items with you to your appointment:

- 1) any x-rays given to you by your dentist
- 2) any insurance cards/forms that will help us process your claims
- 3) a list of any medications you are currently taking
- 4) patients under the age of 18 must be accompanied by a parent or guardian

