



Luis Alcalde, DDS, MDS

Tina Ren, DMD, MMSc

Ryan Brennan, DDS, MS

Tej Vaidya, DDS

Peter S. Chen, DMD, MMSc

Bonnie Yang, DMD

Neha Pandya, DMD

(352) 404-5550 **www.ineedarootcanal.com**

Patient Name _____

Referred by Dr. _____

Appointment Date _____ Time: _____ AM / PM

TOOTH / AREA TO EVALUATE

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

Please Provide

- Consultation & Diagnosis
- Root Canal Treatment
- Retreatment of Previous Root Canal
- Intentional Root Canal Treatment
- Apicoectomy
- Leave Post Space
- Remove Post
- Core Buildup
- Post + Core Buildup
- CBCT Scan

Clinical History

- Pain or Swelling
- Pulp Exposure/Trauma
- Possible Cracked Tooth

Future Restorations

- Fillings
- New Crown
- Other

- CLERMONT** 1471 Johns Lake Rd., Suite 1, Clermont, FL 34711
- LAKE MARY** 743 Stirling Center Pl., Unit 1701, Lake Mary, FL 32746
- PORT ORANGE** 3821 Woodbriar Trl, Unit 104, Port Orange, FL 32129
- ORLANDO** 13250 Narcoossee Rd., Suite 102, Orlando, FL 32832
- WINTER PARK** 400 W. Morse Blvd., Suite 102, Winter Park, FL 32789

ATTENTION PATIENT

Please bring this form along with a driver's license to your appointment.

REFERRING DOCTOR'S ADDITIONAL NOTES:

INSURANCE & FEES

- We accept most insurance carriers. For a complete list, visit us at www.inedarootcanal.com.
- We file for out-of-network benefits with ALL insurance companies.
- We participate with CARE CREDIT. If you need financial assistance, please apply online at carecredit.com prior to your appointment. Our office offers 6 month 0% interest with a minimum purchase of \$200 if you qualify.
- Please call (352) 404-5550, option 1 for additional inquiries.
- We do NOT accept personal checks.

CHANGING THE FACE OF ROOT CANALS,
ONE PATIENT AT A TIME



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(407) 674-2539