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**(352) 404-5550** [www.ineedarootcanal.com](http://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** 32821 Woodbriar Trail, Unit 104, Port Orange, FL 32129
- LAKE NONA - ORLANDO** 13250 Narcoossee Road, 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:

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### INSURANCE & FEES

- We accept most insurance carriers. For a complete list, visit us at [www.ineedarootcanal.com](http://www.ineedarootcanal.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](http://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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