



LONE TREE
ENDODONTICS^{PLLC}

Heath J. Parry DMD, MDS
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Justin P. Farmer DDS, MDS

8683 Lincoln Ave, Suite 130, Lone Tree, CO 80124
P: 303.484.1246 • info@LoneTreeEndo.com

Date: _____

This is to Introduce

Patient's Name: _____

Patient's Phone: _____

Referred By

Dr's Name: _____

Right

Left

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

☐ Evaluate

☐ X-Ray reveals pathology

☐ Patient has severe toothache

☐ Elective root canal therapy

☐ Patient has vague toothache

☐ Other: _____

☐ Pulp was exposed

☐ Make pilot post space

Other helpful information or comments: _____

Your appointment has been scheduled for:

Date _____ Day _____ Time _____

Kindly give 48 hours notice for cancellation.

www.LoneTreeEndo.com

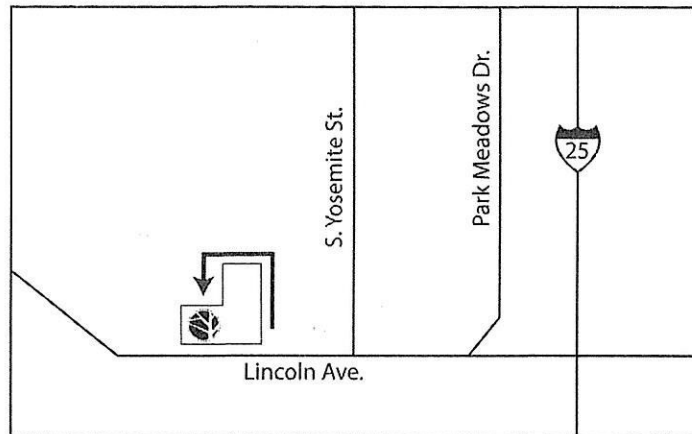


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1. Please call 303.484.1246 to schedule your appointment.
2. Please bring this form with you to your appointment.
3. Minors must be accompanied by a parent or guardian.
4. Please give us 48 hours notice if you are unable to keep your appointment.



We are located on the back side of the building.

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