



East Hill Endodontics

Ryan P McNamara DDS, PLLC
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10920 SE 208th St, Suite #3
Kent, WA 98031
(253) 277-0898

Patient Name: _____

DOB: _____ M/F

Patient Phone: _____

Call Patient: Patient will call:

Appt. Date/Time: _____

Referring Doctor: _____

Date of Referral: _____

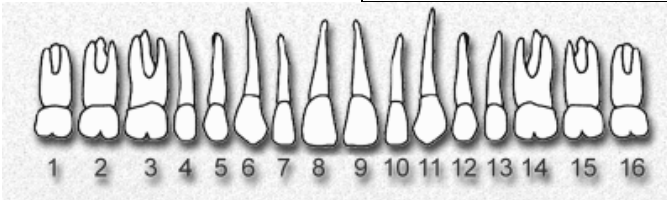
Special instructions: _____

CBCT (3D scan): _____

Please circle teeth for evaluation:

- Please evaluate for:
 - Diagnosis Only
 - Root Canal Treatment
 - Retreatment
 - Endodontic Surgery
- Patient is having:
 - Pain Swelling
 - Hot/cold sensitivity
 - Chewing discomfort
- Radiograph revealed:
 - Decay Radiolucency
 - Fracture Resorption
- RCT was initiated
- RCT needed for restoration
- Prepare post space
- Place restoration
- Temporary Only
- Internal Bleaching

R



L



*Please see reverse side for patient instructions

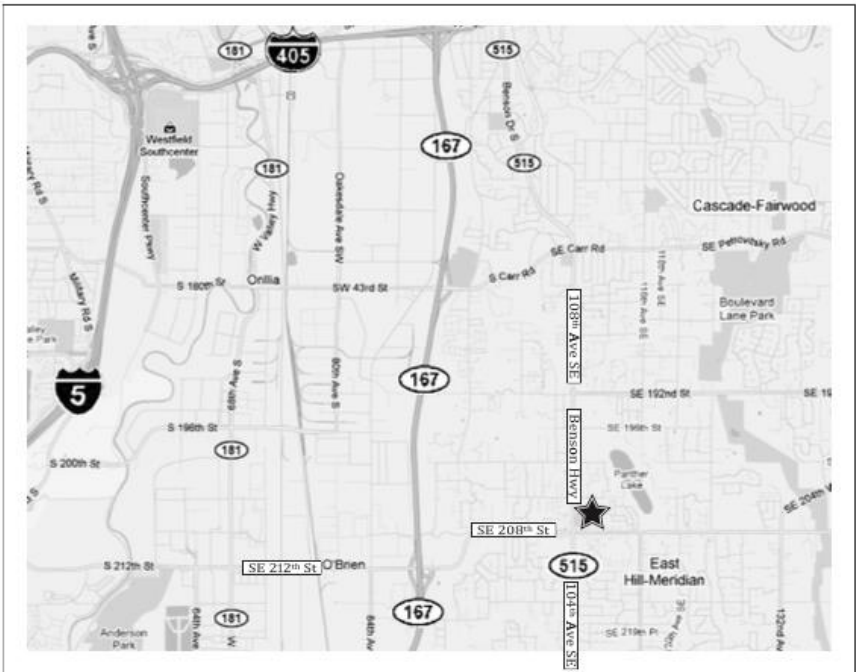


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Patient Information

- Please bring this referral slip and list of medications with you
- You will return to your dentist for a final restoration after completion of your endodontic treatment
- If applicable, please bring your dental insurance information
- Before arriving register online and review the pre-appointment instructions at www.EastHillEndodontics.com
- Minor patients must be accompanied by parent or legal guardian
- We are located off of Benson Highway (108th St) and 208th St



www.EastHillEndodontics.com
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