



Beth Ann Damas, DDS, MS
 Diplomate American Board of Endodontics
 Sara Lampaglia, DDS, MS
 Maggie Miller, DMD, MS
 Negar Shahsavari, DDS, PhD, MMSc

Date: _____

Introducing _____

Appointment Date: _____ Time: _____

Referring Doctor: _____

Instructions: _____

To Be Filled In By Dentist:

- Consultation.
- Endodontic treatment is necessary for proper restoration of tooth.
- Pulp was exposed.
- X-Ray revealed radiolucency.
- Root Canal treatment was started.
- Post prep is indicated.
- Evaluation for apical surgery.
- Retreatment.
- CBCT

	Molars			Right Bicuspid		Anteriors			Anteriors			Left Bicuspid		Molars		
Upper	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Lower	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

(circle teeth for endodontic consideration)

Information for Patient:

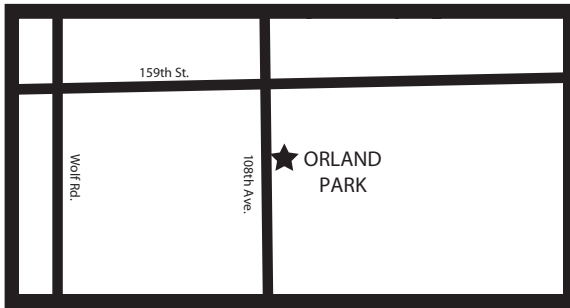
- You will be returning to your dentist for final restoration after treatment.
- When calling for your appointment, please have your dental insurance information available.
- Please bring your dental insurance information to your appointment.

Locations:

- 16055 108th Avenue, Ste. H, Orland Park (708) 460-9191
- 403 Willamsburg Avenue, Geneva (630) 208-7668

FOR MORE DETAILED DIRECTIONS TO OUR LOCATIONS,
VISIT US AT: www.swendodontics.com

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16055 108th Ave., Ste H, Orland Park, IL 60467



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