ENDODONTIC
SPECIALTY GROUP, P.C.

Introducing _____ DOB _____

Phone # _____ Date _____

Referred by Dr. _____

PRIMARY DENTAL INSURANCE	SECONDARY DENTAL INSURANCE
Policy Holder Name _____	Policy Holder Name _____
DOB_____ Employer_____	DOB_____ Employer _____
Relationship to Policy Holder_____	Relationship to Policy Holder _____
Subscriber/Member ID# _____	Subscriber/Member ID# _____
Group # _____	Group # _____
Insurance Company Name _____	Insurance Company Name _____
Insurance Company Phone # _____	Insurance Company Phone # _____

TOOTH # _____

REASON FOR VISIT ☐ Examination and treatment as necessary ☐ Examination and consultation only ☐ Treatment for restorative purposes ☐ CBCT cone beam

SYMPTOMS ☐ Temperature pain ☐ Biting pain ☐ Swelling ☐ Spontaneous pain ☐ Sinus tract ☐ None

TREATMENT / HISTORY How long ago? _____

☐ Pulp was exposed ☐ Tooth was opened ☐ Trauma / Fracture / Avulsion

☐ Prescription(s) _____

FILL ACCESS OPENING WITH ☐ Leave post space ☐ Place a permanent filling ☐ Place a temporary filling

☐ Other _____

YOUR RESTORATIVE PLANS _____

COMMENTS / SIGNIFICANT MEDICAL HISTORY

_____

_____

_____

_____

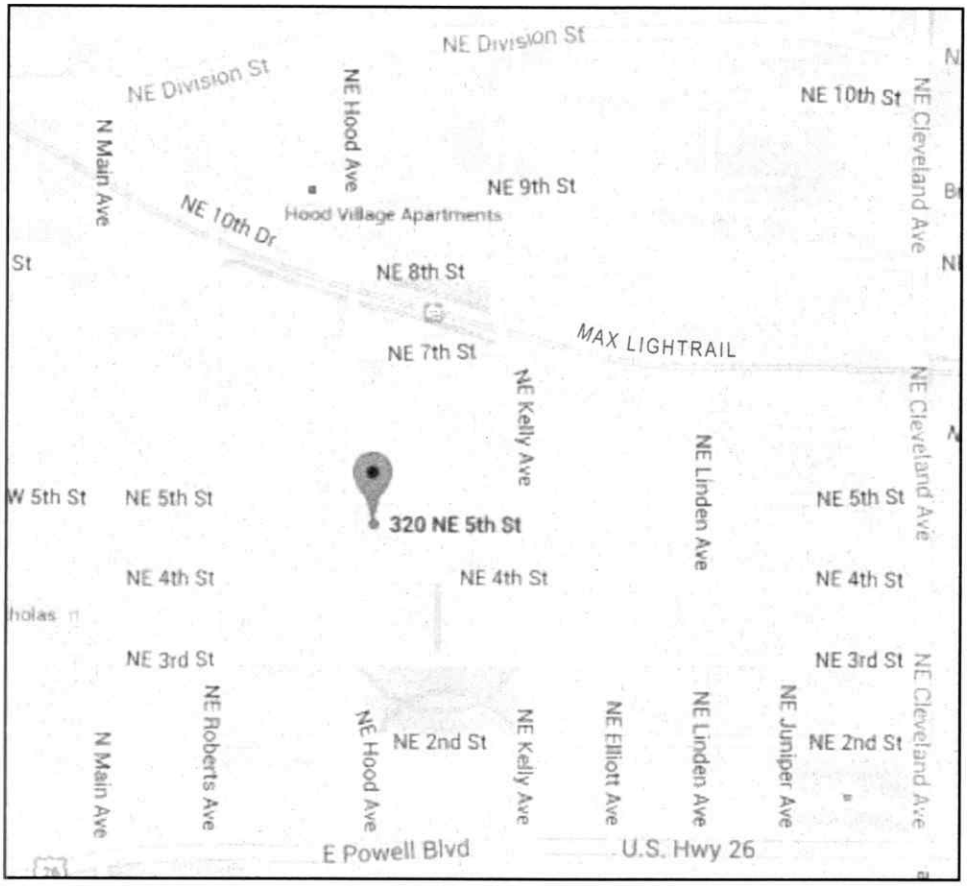
_____

APPOINTMENT SCHEDULED FOR

DATE:_____ TIME:_____

TY VAUGHAN, D.D.S. ◆ LUKE NOBLE, D.D.S.
320 NE 5TH STREET ◆ GRESHAM, OREGON 97030
503-665-0495 ◆ FAX 503-674-9196 ◆ www.GreshamEndo.com ◆ GreshamEndo@gmail.com

Map on reverse



We are located between
Division and Powell and are
on the corner of 5th Street and Hood Avenue

503-665-0495

320 NE 5th Street
Gresham, Oregon 97030

GreshamEndo@gmail.com