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Introducing _____ **Date** _____

Home Phone _____ Work Phone _____

Referring Dr. _____ Phone _____

Patient is appointed for _____ at _____

Please contact patient for appointment Patient will contact your office

Tooth/Area to be Evaluated for Treatment _____

History (Please check)

- | | | |
|--|--|--|
| <input type="checkbox"/> Spontaneous pain | <input type="checkbox"/> Hot/cold sensitivity | <input type="checkbox"/> Chewing sensitivity |
| <input type="checkbox"/> Periapical radiolucency | <input type="checkbox"/> Pulp exposure | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Endodontics started | <input type="checkbox"/> Previous endodontic treatment | |
| <input type="checkbox"/> Other _____ | | |

Date or duration (of checked) _____

Rx Antibiotic _____ started on _____

Rx Pain meds _____ started on _____

Treatment Requested

- Consultation only
- Examine and treat as needed
- Return phone call prior to starting treatment
- Prepare canal with post space (size will be kept conservative)
- Other _____

Comments _____

Welcome to Our Office

- Please call us prior to your first appointment.
- Endodontic treatment can take one or two appointments. During your initial visit you will be examined, and if needed, treatment will be started.
- Because we plan on concentrating our attention on your needs, we ask that you arrive fifteen minutes prior to your scheduled appointment to complete our registration material.
- You are responsible for payment of fees upon completion of treatment. As a courtesy to you, we will assist in the processing of insurance. Please bring any necessary forms or related information with you. A portion of your total estimated co-payment will be required at the initial appointment.
- A 48 hour notice is required to reschedule an appointment.
- Phoning us prior to your appointment will help in answering any questions you may have.

We look forward to meeting you!

