

Introducing: _____

Appointment Date/time/location: _____ Tooth Number: _____

Referred by Dr. _____

Treatment Requested:

- Consultation and Diagnosis only
- Examine and Treat as necessary
- Intentional Endodontic Treatment
Reason: _____
- Post Space Required
- Internal Tooth Bleaching/Whitening
- Restore the access
- Surgical Treatment
 - Apicoectomy w/Retrograde Fill
 - Hemisection
 - Root Amputation
- Bone Graft
 - Socket preservation
 - Sinus Lift Bone graft
- Evaluate for implant
Position # _____
- Patient request Nitrous
- Patient request Sedation

History:

- Pulp exposure
- Trauma/Fracture
- Previous Endo Tx
Date: _____
- Crown/Bridge Cemented
Temporarily/Permanently
- Orthodontic Tx
- Other _____

CBCT Imaging

- TMJ
- Sinus
- Implant
- Pathology

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
					A	B	C	D	E	F	G	H	I	J		
					T	S	R	Q	P	O	N	M	L	K		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

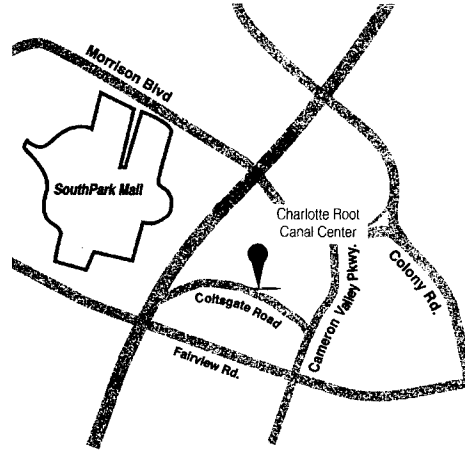
Additional Remarks / treatment notes:

Scan QR barcode to schedule your appointment


Let your smile be pain free!

2809 Coltsgate Road, Suite 210, Charlotte, NC 28211, Phone: 704-375-4252, Fax: 704-364-8353





Charlotte Root Canal Center is conveniently located in the South Park area of Charlotte, right across from the SouthPark Mall. Our office is dedicated to provide the best care to our patients and is equipped with all the modern technologies to make our services smooth and predictable. We are in-network provider for all major insurance carriers. Our patients are required to pay only the co-pay at the time of service as our staff works diligently to find accurate co-pay estimates for our patients. Please visit our website www.charlotterootcanalcenter.com or www.charlottedentalimplantcenter.com to learn more about the services and insurance carrier or call our office 704-375-4252.

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