



112 E. Alto Road • Kokomo, Indiana 46902
 (765) 455-2505 • Fax (765) 455-2564
 1-800-932-6158
frontdesk@kokomoendo.com
www.kokomoendo.com



HAMILTON COUNTY
 ENDODONTICS

14757 Oak Road, Suite 400 • Cannel, Indiana 46033
 (317) 580-0123 • Fax (317) 580-0199
 1-800-955-6158
contact@hamiltoncountyendo.com
www.hamiltoncountyendo.com

Brian P. Tate, D.D.S., M.S.D. • Michael P. Aslin, D.D.S. • Blake T. Prather, D.D.S., M.S.D.
Practice Limited to Endodontics

Referred by: _____ Patient Name: _____

Appointment date & time: _____ Patient will call to schedule

Tooth Number: _____

- | | |
|---|--|
| <input type="checkbox"/> Pain | <input type="checkbox"/> Pt wants sedation |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Uncertain if pain is endodontic |
| <input type="checkbox"/> Asymptomatic | <input type="checkbox"/> Suspected cracked tooth |
| <input type="checkbox"/> Apical Radiolucency | <input type="checkbox"/> Questionable Restorability |
| <input type="checkbox"/> Pulp Exposure | <input type="checkbox"/> Resorption |
| <input type="checkbox"/> Root canal started/pulpotomy | <input type="checkbox"/> Previous Root Canal |
| <input type="checkbox"/> Endo necessary for restoration | |

Rx Given: _____ Pre-Med Antibiotics

The following procedures are not routinely performed unless requested:

- Post space preparation Permanent restoration

If it is determined a tooth needs to be extracted:

Refer back to my office Refer to: _____

Comments: _____



Printable map available online