



Ellen Sachs, D.D.S., M.S.
Alison Morrison, D.M.D.

Scott Maloney, D.M.D., M.S.
Jesus Machado, D.D.S., M.S.D.

Cherry Creek

155 cook street, suite 301
denver, co 80206
(303) 321-7930

DTC

8200 east belleview, suite 306C
greenwood village, co 80111
(303) 850-7474

Date: _____

This is to Introduce

Patient's Name: _____

Patient's Phone: _____

FOR ENDODONTIC CONSIDERATION

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT

- | | |
|---|--|
| <input type="checkbox"/> PATIENT HAS VAGUE TOOTHACHE
PLEASE EVALUATE | <input type="checkbox"/> X-RAY REVEALED PULPAL INVOLVEMENT |
| <input type="checkbox"/> PULP WAS EXPOSED-VITAL | <input type="checkbox"/> X-RAY REVEALED RADIOLUCENCY |
| <input type="checkbox"/> PULP WAS EXPOSED-DEVITAL | <input type="checkbox"/> TOOTH IS OPEN FOR DRAINAGE |
| <input type="checkbox"/> PULP WAS EXPOSED-STATUS
QUESTIONABLE | <input type="checkbox"/> POST RESTORATION PLANNED |
| | <input type="checkbox"/> PATIENT REQUIRES NITROUS OXIDE |
| | <input type="checkbox"/> OTHER _____ |

Comments: _____

Referred by Dr. _____ Phone _____

PATIENT WILL RETURN TO REFERRING DENTIST FOR FINAL RESTORATION

Your appointment has been scheduled for:

Date _____ Day _____ Time _____

Kindly give 24 business hours notice for cancellation.

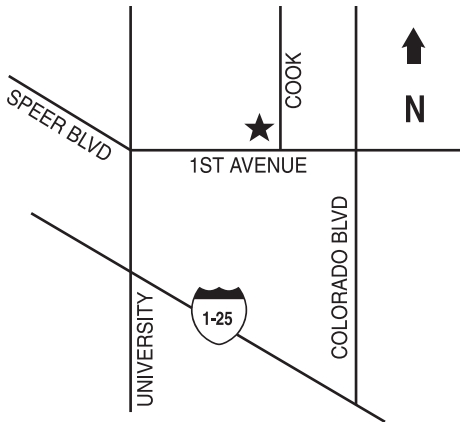


After scheduling an appointment, you will receive a username and password to complete your patient registration online. Use this QR code to conveniently start your paperwork on your tablet or mobile device.



CHERRY CREEK OFFICE

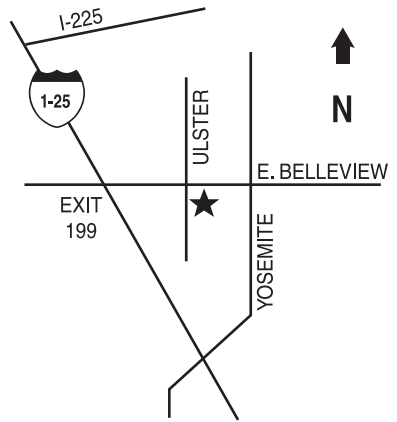
155 Cook Street, Suite 301



6 blocks west of Colorado Blvd.
between 1st & 2nd Avenue

DTC OFFICE

8200 E. Belleview Ave., Suite 306C



SE corner of Belleview & Ulster
3 blocks east of I-25
Central Tower (smaller bldg)