



# endodontics

OF CHERRY CREEK & DTC

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## Cherry Creek

New Office Opening Soon!  
Denver, CO  
(303) 321-7930  
Fax (303) 321-5113

## DTC

8200 East Belleview, Suite 306C  
Greenwood Village, CO 80111  
(303) 850-7474  
Fax (303) 850-7476

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<br>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<br>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.

