ENDODONTICS LYNNWOOD

Tim Bachman DMD
16521 13th Ave. W Ste. 101 • Lynnwood WA 98037
Tel: 425 743-3054 • Fax: 425-743-3093 • endolynnwood.com

Patient's Name _____

Patient's Phone _____ **Date:** _____

Referred by Dr. _____

Tooth / Area for Evaluation _____

History (please check)

- ☐ Periapical Radiolucency
- ☐ Spontaneous Pain
- ☐ Chewing Sensitivity
- ☐ Hot / Cold Sensitivity
- ☐ Pulp Exposure
- ☐ Previous Endodontic Treatment
- ☐ Trauma
- ☐ Other _____

Duration of Symptoms: _____

Prescriptions:

- ☐ Rx Pain Medications: _____
- ☐ Rx Antibiotic: _____

Treatment Requested:

- ☐ Consultation Only
- ☐ Exam and treat as needed
- ☐ Cone Beam CT Only
- ☐ Cone Beam CT and Exam

Radiograph

- ☐ With patient
- ☐ Emailed
- ☐ Not Available

Access Restoration Preference: _____

Comments: _____

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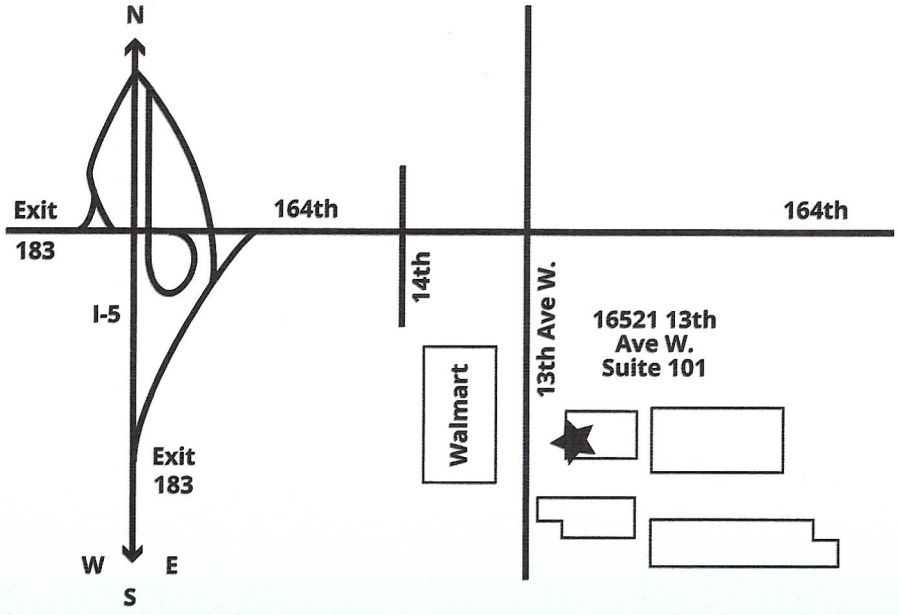

1. Please call for the first appointment.
2. If you are taking medications, please bring them with you or write the name and dose of the medication, the amount, and times taken.
3. Minors must be accompanied by a parent or guardian.
4. Payment is due at the time of service. If treatment is covered by insurance, please bring your dental insurance card with you.

Please email or fax the referral and x-ray • info@endolynnwood.com • Fax: 425-743-3093