

Battle Creek Endodontics

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Date: _____

This will introduce: _____

Phone Number: _____

For Endodontic Consideration

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

For: Diagnosis Treatment Emergency

- Patient has vague toothache, please evaluate
- Pulp was exposed
 - Vital
 - Nonvital
- Post space requested
- Radiograph revealed radiolucency
- Tooth is open for drainage
- Other

Comments: _____

Appointment Date and Time: _____

Referred by Dr _____

Patient will be returned to referring dentist for final restoration
Minors are required to be accompanied by a legal parent or guardian
Patient forms can be downloaded and printed from www.battlecreekendodontics.com