

Battle Creek Endodontics

Eric T. Shugars, DDS, MS, PLC

497 E. Columbia Avenue, Suite 14
Oak Ridge Office Center
Battle Creek, MI 49014
(269) 660-0747
contact@battlecreekendodontics.com
Fax (269) 441-2736

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