GREENROOT
Endodontics & Microsurgery

☐ **Ramya Ramamurthy, DDS, MS**

☐ **Orapin Horst, DDS, Ph.D.**

Date: _____

Referring Doctor: _____

Patient Name: _____

Patient Phone: _____

Patient Email: _____

Important Patient Information:
Please do not take any pain medication 6-8 hours before your consultation with us (if possible). This will increase the accuracy of our testing.

You can log onto our secure website and conveniently complete Patient Registration, Medical History & Pain History online prior to the appointment. Please contact our office for an ID and Password.

Tooth #:

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

Endodontic services requested:
- ☐ Consultation only.
- ☐ Evaluate & treat as needed
- ☐ Evaluate & treat (Re-treatment or Periapical Surgery)
- ☐ Leave Post Space
- ☐ Other_____

Services already performed:
- ☐ Tooth has been opened, medicated and sealed
- ☐ Patient has been placed on an antibiotic and analgesic

Coronal Restoration requested:
- ☐ Temporary cement
- ☐ Permanent Build up
- ☐ Post & Core Build –Up
- ☐ Other_____

Special Instructions:_____

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