

# Layton Endodontics

**Dr. Carol A. Layton • Dr. Reza Yasini**  
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Phone: 780-424-0214 • Fax: 780-425-5245  
Website: [www.laytonendo.com](http://www.laytonendo.com)  
Email: [reception@laytonendo.com](mailto:reception@laytonendo.com)

Date: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

## PATIENT DETAILS

Name: \_\_\_\_\_ D.O.B. *mm / dd / yyyy* \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

## INSURANCE

### Primary

### Secondary

Carrier: \_\_\_\_\_

Group / Policy #: \_\_\_\_\_

Cert / ID # \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relation: \_\_\_\_\_

D.O.B. *mm / dd / yyyy* \_\_\_\_\_ *mm / dd / yyyy* \_\_\_\_\_

## APPOINTMENT DETAILS

Referral to:  Dr. \_\_\_\_\_  Any Doctor

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient will contact your office directly

Tooth / Teeth # \_\_\_\_\_

Endodontic Consult First

Consult and Endodontic Treatment (please attach x-ray)

Consult and Endodontic Retreatment (please attach x-ray)

Post Space Needed

Endodontic Surgery

Other (Bleaching, Apical Closure, Trauma Management)

Please Send More Referrals

**Comments:** \_\_\_\_\_

\_\_\_\_\_

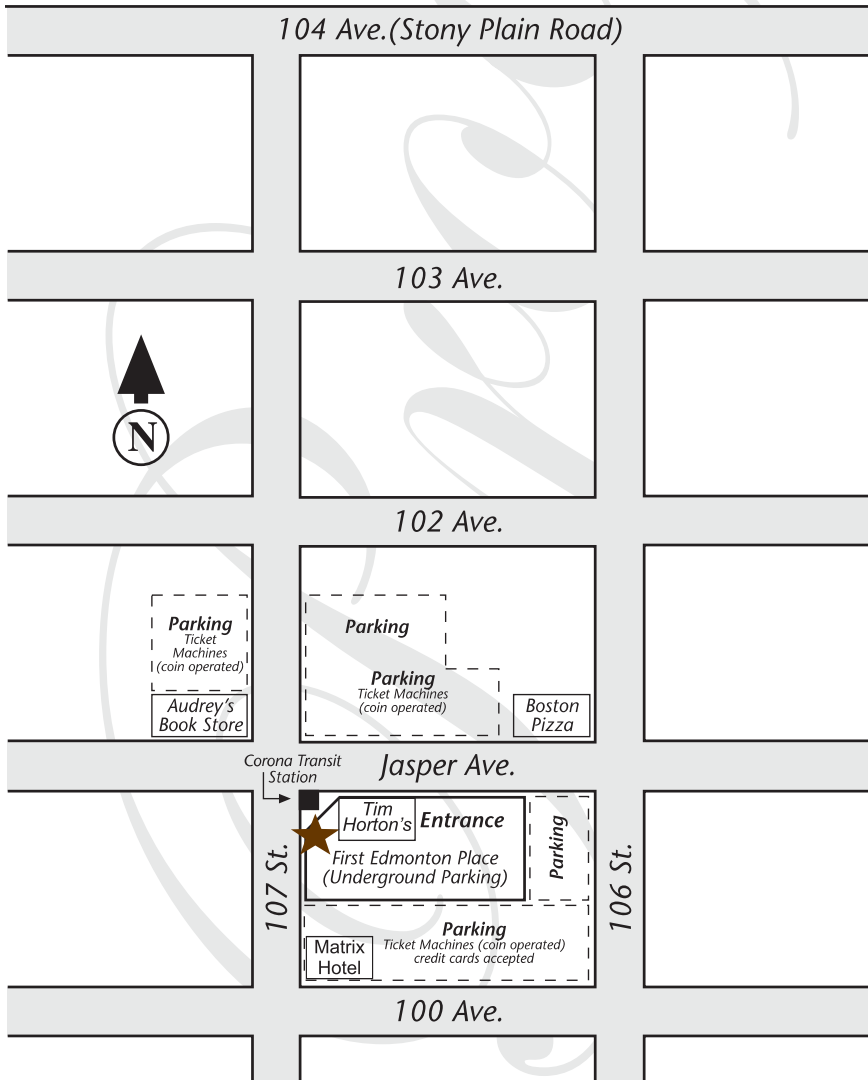
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Patients can log onto our secure website and conveniently complete Patient Registration, Medical History and Pain History online prior to the appointment.

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**Please remember to bring coins for the parking areas.**