



COLORADO ENDODONTIC SPECIALISTS, PC

**Omar A Macaraeg, DDS, MS**

731 Southpark Drive, Unit A-1A

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Phone: 303-795-9699

Patient Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Please perform:

\_\_\_\_ Endodontic Evaluation/Consultation

\_\_\_\_ 3D Cone Beam Scan

\_\_\_\_ Endodontic Therapy

Post Preparation Needed? Y / N

\_\_\_\_ Endodontic Surgery

\_\_\_\_ Implant Evaluation/Consultation

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

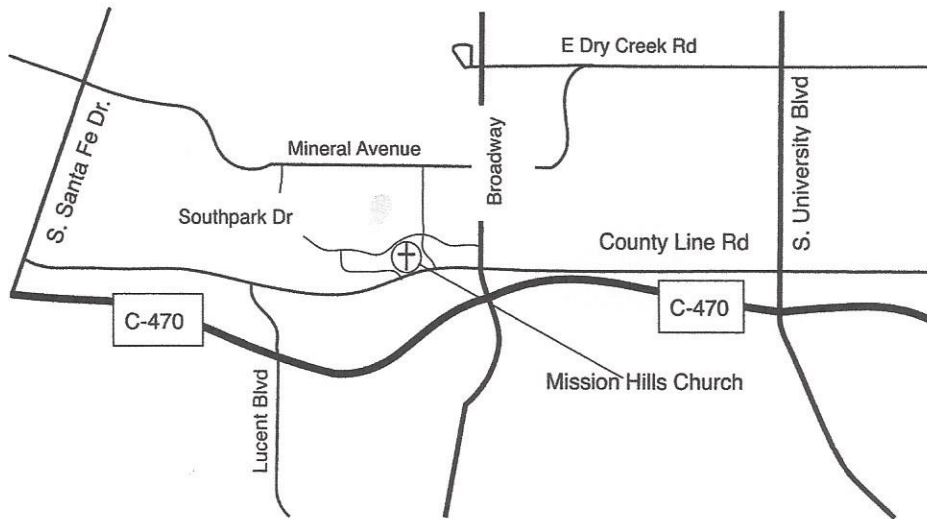
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**Radiographs:** \_\_\_ Please take    \_\_\_ Mailed    \_\_\_ Emailed    \_\_\_ Given to Patient

Signature: \_\_\_\_\_

### Instructions to Patient

- Please have your insurance information available when calling to schedule.
- If there are recent periodical radiographs (PAs), please arrange for them to be here at the time of your appointment.
- Other items needed at the time of the appointment include this referral slip and a list of current medications and dosage information.
- If you are under 18 years of age, please have a parent or guardian present at your appointment.
- If you are unable to keep your scheduled appointment, please inform our office 48 hours in advance.
- If you have any specific concerns or questions, please advise us when scheduling your appointment.



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