

# ADVANCED ENDODONTICS

SCOTT BARRY, D.M.D, M.S.  
DONNA MATTSHECK, D.M.D.

*Specialists in Endodontics*

12115 SW 70TH AVENUE, SUITE 201 ▪ TIGARD, OR 97223

PH: 503.718.0095 ▪ FAX: 503.718.0097 ▪ OFFICE@DRSCOTTBARRY.COM ▪ WWW.ROOTCANALPDX.COM

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Patient D.O.B.: \_\_\_\_\_

Referred by: Dr. \_\_\_\_\_ Office Ph: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber's ID #: \_\_\_\_\_ Subscriber's D.O.B.: \_\_\_\_\_

Consult first     Consult and Treatment     Please call patient     Patient will call

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

## PLEASE INDICATE A RESTORATIVE DIRECTIVE.

*Note: All teeth to be temporized will have an orifice barrier placed unless otherwise directed.*

### Place Temporary Only:

(Returning to General Office for Final)

- Cotton/Cavit/IRM
- Cotton/Glass Ionomer
- Endodontist's discretion
- Leave post space

### Permanent Access Fill:

- Composite
- Amalgam
- Post and Core
- Endodontist's discretion

- 1. Medication Note:** Patients who require antibiotic prophylaxis before dental treatment need to take their antibiotics 1 hour prior to their endodontic appointment.
- 2. Minors:** Patients under 18 years of age must be accompanied by a parent or legal guardian.
- 3. Patients must bring valid photo ID and Insurance Card.**
- 4. Insurance Note:** Patients will be asked to pay their co-insurance amount at time of service.

Remarks: \_\_\_\_\_

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