

# ADVANCED ENDODONTICS

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

Patient Phone #: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dr.: \_\_\_\_\_

Consult       Treatment      Referred by: Dr. \_\_\_\_\_

Please call patient       Patient will call

Radiographs emailed: Office@drscottbarry.com

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.*

### Temporary Only:

- Cotton/Cavit
- Cotton/IRM
- Cotton/Glass Ionomer
- Leave post space

### Permanent Access Fill:

- Glass Ionomer
- Composite
- 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. Insurance Note:** Patients will be asked to pay their co-insurance amount at time of service.

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

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\_\_\_\_\_

Date: \_\_\_\_\_ Office Ph: \_\_\_\_\_