

Holly Springs Endodontics

James R. Corcoran, DDS

Sowjanya Tadapakalli, DDS

(984)768-8010 • Fax (984)375-7003

1070 South Main Street, Suite 110 • Holly Springs, NC 27540

Pt: _____ DOB: _____ Date: _____

Pt. Phone Number: _____

For an appointment at _____ AM/PM on _____ 20____

TEETH FOR ENDODONTIC CONSIDERATION

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

- | | |
|--|---|
| <input type="checkbox"/> Consult & Diagnosis | <input type="checkbox"/> Emergency Treatment |
| <input type="checkbox"/> with interpretation | <input type="checkbox"/> Crown temporarily cemented |
| <input type="checkbox"/> Root Canal Therapy | <input type="checkbox"/> Pulp exposure |
| <input type="checkbox"/> Retreatment of previous
Root Canal Therapy | <input type="checkbox"/> Make post space(s) |
| <input type="checkbox"/> Surgical Treatment | <input type="checkbox"/> Place composite filling |
| | <input type="checkbox"/> Place amalgam filling |

Level of Discomfort:

- None
 Mild
 Moderate
 Severe
 Cold Sensitive
 Heat Sensitive
 Pressure
 Swelling

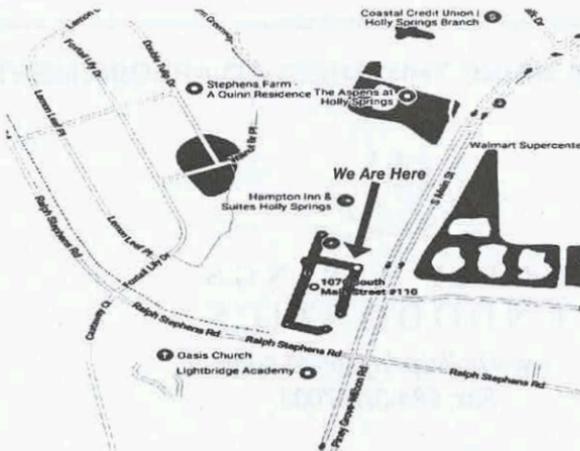
COMMENTS: _____

REFERRED BY: _____ PHONE _____

Patient will be instructed to return to referring Dentist for final restoration

SEE REVERSE SIDE FOR FINANCIAL INFORMATION

PLEASE BRING TO APPOINTMENT



"For registration and further information see hollyspringsendo.com"

PATIENT INFORMATION FORM

Holly Springs Endodontics would like to welcome you. We are committed to providing exceptional care and state of the art endodontic services for patients in the heart of the Carolinas. Root canal therapy is an attempt to save a tooth that would otherwise require extraction. This treatment requires a significant financial investment in your dental health. Do not hesitate to contact our office with any questions regarding our fees or payment policies. Please visit our website at www.hollyspringsendo.com to obtain more information and register on-line prior to your visit.

Financial Considerations

Consultation only: Be prepared to pay the consultation fee in full the day of your office visit. We will be happy to file your insurance.

CareCredit Financing: We utilize CareCredit, a dental credit card for our patients desiring financing. Please contact our office in advance if you are interested in this financing option. You may also fill out an on-line application at carecredit.com.

PREMEDICATION: Patients with certain heart conditions or artificial joints may require premedication before treatment. Contact our office with any questions before your appointment.

PLEASE BRING THIS SHEET TO APPOINTMENT



HOLLY SPRINGS
ENDODONTICS

www.hollyspringsendo.com

Fax: 984-375-7003