



GLENDALE  
**ENDODONTICS**  
*Practice Limited to Endodontics*

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

Referred by Dr.: \_\_\_\_\_

Tooth # or Area of Concern: \_\_\_\_\_

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

\_\_\_\_\_

**Service Requested:**

- Consultation and treat as needed
- Consultation Only
- Root Canal Treatment
- Root Canal Re-Treatments
- Internal Bleaching
- Post & Core

- Post Space
- Restore access with composite
- Call me first / do not start treatment

**Sedation Services:**

- Nitrous Oxide
- Oral Sedation / IV Sedation