



ENHANCED
e n d o d o n t i c s

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Today's Date _____

Patient's Name _____

Patient's Phone _____

Referred by Dr. _____

M T W Th F

Appointment Date: _____ Time: _____ AM/PM

APPOINTMENT INFORMATION

PLEASE MARK TEETH TO BE TREATED

UPPER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

R

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

LOWER

TREATMENT DESIRED

- Consultation Root Canal Therapy Root Canal Retreatment
- Apicoectomy Surgery Post Space Preparation

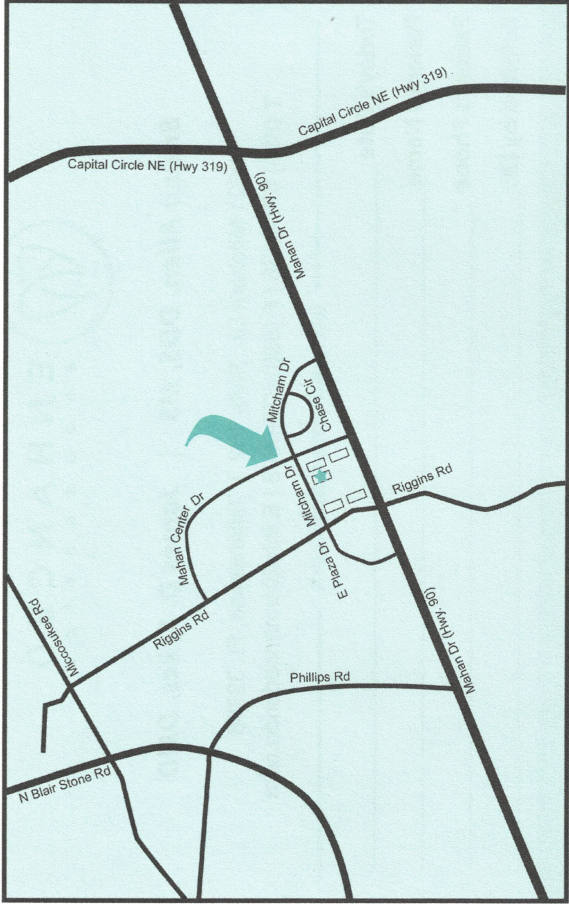
Other Service / Special Instructions _____

PRIOR TREATMENT

- No treatment involving Pulp Pulpotomy or Pulpectomy
- Pulp Exposure and Cap Previous Endodontic Treatment/Surgery

RESTORE ACCESS WITH:

- Temporary Composite

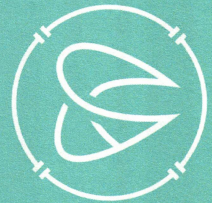


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PATIENT INFORMATION

We are proud to offer an online resource for you to save time at the office. After you make an appointment, you will receive an email from our practice with instructions for how to pre-register on our secure website. At your convenience, you can complete your Patient Registration and Medical History forms prior to your appointment. Our front desk will ask you to provide a signature on the day of your visit.

If unable to keep your appointment, please give us 24 hours notice.



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