



Burlington  
**Endodontics**

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## PATIENT'S INFORMATION

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email Address \_\_\_\_\_

## STATUS

Tooth/Area in Question \_\_\_\_\_

Medications Prescribed \_\_\_\_\_

Name of Referring Doctor \_\_\_\_\_

## DOCTOR'S OBSERVATIONS & OTHER PERTINENT INFORMATION

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**MAP ON REVERSE**



**Parking available at 720 Guelph Line**  
**Enter from Prospect Street**

For your convenience, we accept payments by  
**VISA, MASTERCARD, AMERICAN EXPRESS, DEBIT & CASH.**

Our Office does not accept payment directly from  
Dental Insurance Companies.

