



Please call patient

Patient will call

2600 Stewart Ave. Suite #158 * Wausau, WI 54401 * Ph: (715) 848-3982 * www.MPCEndodontics.com

Dr. Sean LaRue

Dr. Helen Tsao

Introducing Patient: _____ D.O.B. _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Insurance Provider: _____ Phone: _____

Subscriber Name: _____ D.O.B. _____

Subscriber ID#: _____ Subscriber Group #: _____

Referred by Dr. _____ Date of referral: _____

Office Email: _____ Office Phone: _____

On the chart below, circle the number(s) of the teeth to be evaluated or treated.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT																	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Check one: _____ Initial treatment _____ Treatment initiated _____ Previously Treated

➤ Is there a questionable diagnosis, prognosis, or restorability? **Yes / No**

(Unless indicated above, we assume that the tooth/teeth have been deemed restorable.)

➤ Significant past medical history (including premedication)? **Yes / No**

➤ Please place (check one):

- ____ Bonded orifice barrier, sponge pellet and Cavit
- ____ Permanent buildup
- ____ Leave post space
- ____ Post and core

➤ Would you like us to contact you before treatment is initiated? **Yes / No**

Comments: _____

Please email this form to Patient@MPCEndodontics.com. Thank you!

* We also speak Mandarin Chinese and Spanish. 中国话通 Hablamos Español *

