



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

\_\_\_\_ Access Closure

\_\_\_\_ Leave post space

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

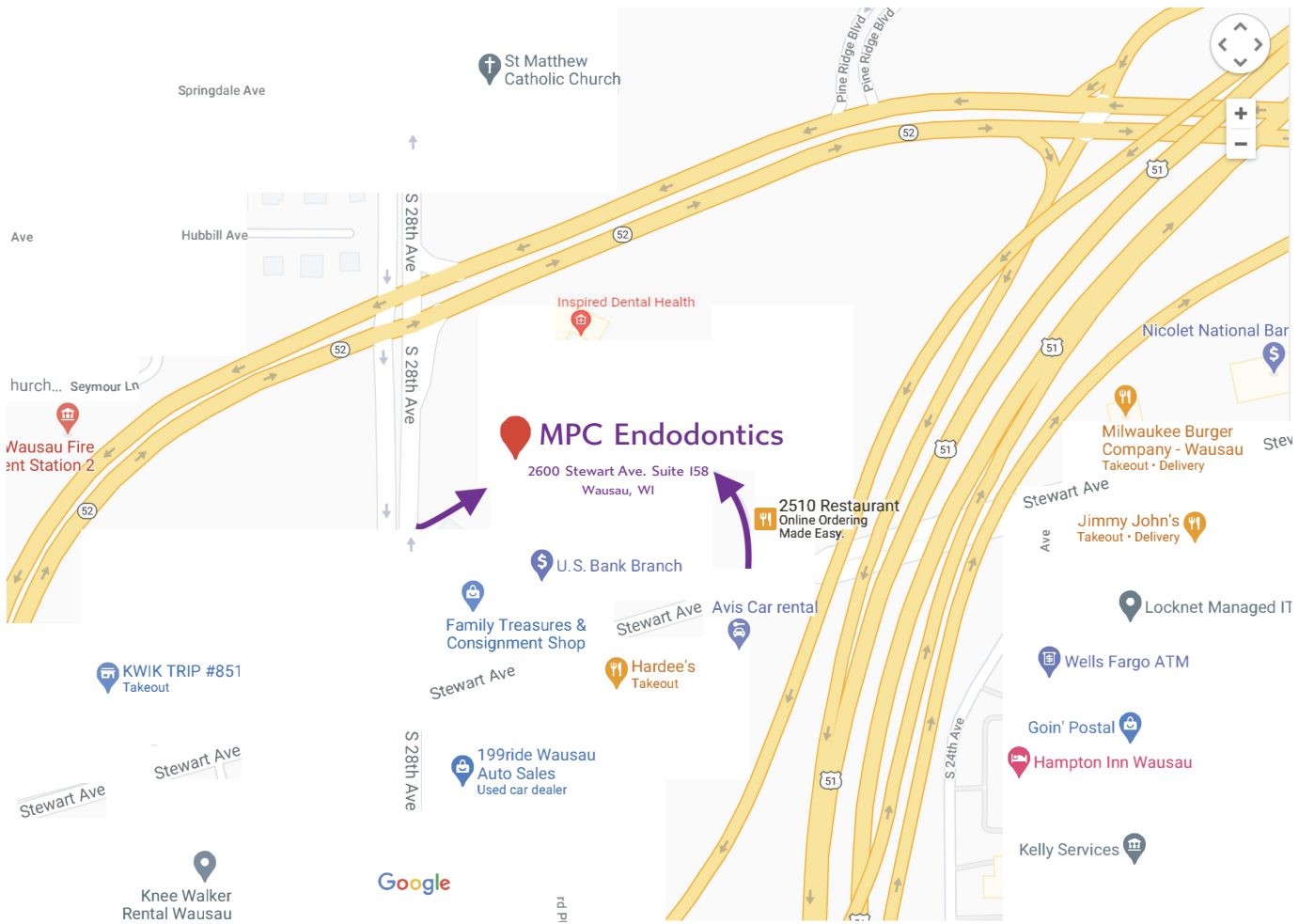
Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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



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