

MESQUITE ENDODONTICS

LORI ANNA DEES, DDS, MBA
& ASSOCIATES

1534 E INTERSTATE 30, SUITE 200
GARLAND, TX 75043
WWW.MESQUITEENDODONTICS.COM
972-270-4456

Introducing: _____ DOB: _____ Phone: _____

APPOINTMENT

- My patient needs endodontic treatment on # _____.
root canal—retreatment—apicoectomy—other:
- My patient may/may not need treatment. Please evaluate.

CONTACT

- Appointment scheduled for _____.
- Please call my patient to schedule.
- My patient will call your office to schedule.

COMFORT

- Local anesthetic only, no sedation
- Local anesthetic and
 - nitrous oxide*
 - oral sedation*
 - IV sedation* *additional fee

CLOSE ACCESS

- Permanently
 - Buildup or Post & Core Buildup
 - Close access through crown
- Temporary filling
- Other:

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

Treatment plan/Remarks: _____

Referring Dentist: _____

Referring Office: _____

Phone: _____ Fax: _____ Date: _____

Fax this form to 972-270-4042

Email X-ray(s) to FrontDesk@MesqEndo.com

APPOINTMENT CHECKLIST

- Forms are available at WWW.MESQUITEENDODONTICS.COM
- Mesquite Endo has your insurance information
- Mesquite Endo has your correct phone numbers
- You know your dentist's name and office phone number
- You know your physician's name and office phone number
- You know the names of your prescription medications

ALSO,

- Wear a short-sleeved shirt
- Minors must be accompanied by a parent or guardian
- If you need to bring a companion, please bring only one
- Give this paper to the Mesquite Endo staff
- Confirm your appointment ASAP
- Unconfirmed appointments are promptly canceled

ORAL SEDATION CHECKLIST

ALL THE ABOVE PLUS

- Wear secure shoes
- Plan to be at the office for 3-4 hours
- You must have a ride home
- No food or drink 6 hours before the appointment

