☐ Christopher A. Palmer, DDS
☐ Kim Petkovich Vaglio, DDS, MSD

Specialists in Endodontics

265 Clarkson Road • Ellisville, MO 63011

APEX ENDODONTICS, LLC
ROOT CANAL SPECIALIST

phone: 636.391.8080
fax: 636.391.2266
apexendostl@gmail.com
www.apex-endo.com

Date:_____

Patient's Name:_____

Phone: Home_____Work _____

Tooth (Teeth) to be evaluated:_____

Referring Dr.:_____

PRESENTING SYMPTOMS:

( ) None ( ) Thermal sensitivity ( ) Swelling

( ) Pain ( ) Bite sensitivity ( ) Drainage

SPECIAL INSTRUCTIONS:

( ) Exam Only at this time

( ) Take CBCT Image

( ) Nitrous Oxide Requested

( ) Provide Post Space

( ) Place Build-up or Post & Build up

( ) Internal Bleaching

COMMENTS: _____

_____

_____

_____

APPOINTMENT:

Date: _____ Time: _____

★ MAP ON THE BACK ★