

NORTH FULTON ENDODONTICS, P.C.

Clifford L. Johnson, D.M.D.

Practice Limited to Endodontics



Johns Creek Office

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Sugar Hill Office

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INTRODUCING:

Referred by Dr: _____ Office Phone: _____ Receptionist: _____

Appointment Date: M T W Th F _____ Time: _____

Tooth or Area to be Treated: _____

HISTORY: (please check)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Spontaneous pain (throb) | <input type="checkbox"/> Hot/Cold Sensitivity | <input type="checkbox"/> Consultation and Diagnosis | <input type="checkbox"/> Surgical Evaluation / Apico |
| <input type="checkbox"/> Pulp Exposure | <input type="checkbox"/> Previous Endodontic Treatment | <input type="checkbox"/> Endodontic Treatment | <input type="checkbox"/> Pulpless Bleaching |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Radiolucency at Apex | <input type="checkbox"/> Retreatment | <input type="checkbox"/> Provide Post Space |
| <input type="checkbox"/> Separated Instruments | | <input type="checkbox"/> Post Removal | <input type="checkbox"/> Other _____ |

TREATMENT REQUESTED:

FINISHING:

- Cotton and IRM/CAVIT
- Post Space, Cotton & IRM

COMMENTS:

(map on reverse side)

www.GAendo.com

