

Doto	
Date:	

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

Referral Date:

Introducing:			Date of Birth:
			k Phone:
Address:		Email Addres	s:
 Bring a full list of your med Bring any dental insurance If you require antibiotic pre www.glendocare.com 	emedication from the dentist or phys	cian and dentist sician, please take a	
☐ Evaluate and Treat	☐ Consultation On	ly	☐ Previous Root Canal Treatment
☐ Contact Referring Dentist Before Place Permanent Restoration if P Was Root Canal Started ☐ Yes	s □ No		☐ gutta percha ☐ silver point ☐ thermafil
☐ Contact Referring Dentist Before Place Permanent Restoration if P Was Root Canal Started ☐ Yes Referred by Doctor:	Possible		silver point

Ph: 218-722-0772 • Toll Free: 866-355-0772 • Fax: 218-722-4778 • www.glendocare.com

*Diplomate of the American Board of Endodontics

Great Lakes Endodontics
North Shore Bank Place • 4815 West Arrowhead Road • Suite #110 • Hermantown, MN 55811



Appointment	
Date:	

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

Referral Date:

Mark T. Phillips*, D.D.S., M.S.

Introducing:		Date of Birth:			
Home Phone: Cell Phone:					
Address:		Email Address:			
 Bring a full list of your m Bring any dental insurar If you require antibiotic www.glendocare.com 	premedication from the dentist or physic	n and dentist			
Place Permanent Restoration Was Root Canal Started \[\square\]		☐ Previous Root Canal Treatment ☐ gutta percha ☐ silver point ☐ thermafil			

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fark T. Phillips*, D.D.S., M.S.	Referral Date:	20

Introducing:		Date of Birth:	
Home Phone:	Cell Phone:	Work Phone:	
Address:		Email Address:	
 Bring a full list of your me Bring any dental insurance If you require antibiotic po www.glendocare.com 	remedication from the dentist or phy	sician and dentist nysician, please take as directed e or print off registration materials prior to your app	oointment
□ Evaluate and Treat□ Contact Referring Dentist BePlace Permanent Restoration ifWas Root Canal Started□ Ye		autto porobo	iment
Comments:			

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