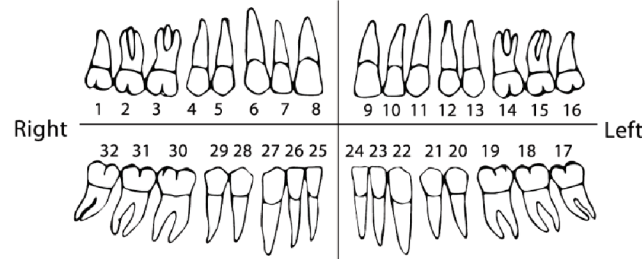




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Introducing \_\_\_\_\_ Appt. Date/Time \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Date of Referral \_\_\_\_\_



**History:**

- Symptoms \_\_\_\_\_  Suspected fracture  Endodontic treatment initiated
- Trauma  Previous root canal therapy  Pulp exposure  Periapical radiolucency

**Treatment Request:**  Consultation only  Root canal therapy as indicated

- Retreatment  Endodontic Surgery  Other \_\_\_\_\_

**Antibiotics or analgesics prescribed** \_\_\_\_\_

**Post-Operative Instruction:**

- Prepare post space  Restore access with composite  Core build-up  Post build-up

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

**Instructions for Patients:**

1. Please bring this referral with you to your appointment.
2. Please bring all dental insurance information.
3. Please bring a current list of all medications.
4. Please give 48 hours notice if you are unable to keep your appointment.