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# WOODLANDS

ENDODONTICS

Nicholas Pappas, DDS, MSD

Brad Mize, DDS

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Patient's Phone \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Dr.'s Phone \_\_\_\_\_

## PLEASE MARK TEETH TO BE TREATED

### UPPER

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	

### LOWER

## TREATMENT DESIRED

- |   |   |
|---|---|
| <input type="checkbox"/> Evaluation / CBCT                  | <input type="checkbox"/> Nonsurgical Root Canal Treatment |
| <input type="checkbox"/> Nonsurgical Root Canal Retreatment | <input type="checkbox"/> Apical Microsurgery              |
| <input type="checkbox"/> Other _____                        |   |

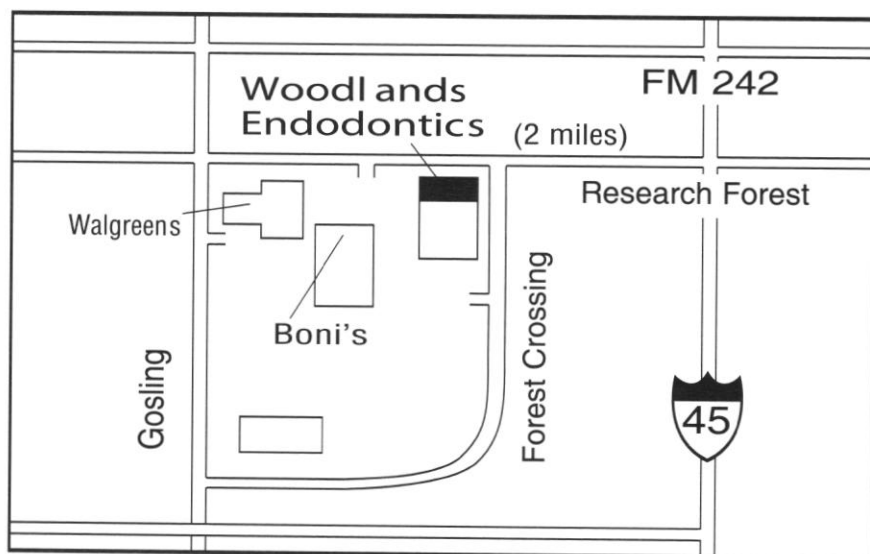
## RESTORATIVE INSTRUCTIONS

- |  |   |
|--|---|
| <input type="checkbox"/> Temporary Restoration | <input type="checkbox"/> Leave Post Space |
| <input type="checkbox"/> Permanent Restoration |   |
| <input type="checkbox"/> Comments _____        |   |

# We Save Teeth.



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## INFORMATION FOR PATIENTS

### PLEASE BRING TO YOUR APPOINTMENT:

- This form
- Information to complete a health history
- Dental insurance information

Our staff is happy to help you with any questions.