

- ☐ Phil Shedletsky, DDS, MS
- ☐ Gary Glassman, DDS, FRCD(C)
- ☐ Glen Partnoy, DDS, MS, FRCD(C)
- ☐ Adam Grossman, DDS, FRCD(C)
- ☐ Simone Seltzer, DDS, FRCD(C)
- ☐ Gevik Malkhassian, DDS, MSc, FRCD(C)
- ☐ Jose Da Costa, DDS, MSc, FRCD(C)

Bay Street (at Bay St. East Stn.) ☐
201-1235 Bay St., Toronto, ON. M5R 3K4
(416) 963-9988

King Street (at St. Andrews Stn) ☐
145 King St. W., Conc. Level
Toronto, ON. M5H 1J8
(416) 360-1553

Patient Name _____

Appt. Date _____ Appt. Time _____

☐ D.O.B. _____ Contact # _____

☐ Email _____

1 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 2
4 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 3

PLEASE COMPLETE ALL THAT APPLY BELOW

Tentative Diagnosis _____

☐ Patient has discomfort/pain ☐ Medical history _____

☐ Traumatic injury _____

☐ Endo Tx initiated ☐ Prophylactic endodontic treatment req.

☐ Pulp exposed ☐ Bridge/Crown ☐ Temporary ☐ Permanent

☐ Recent dental treatment _____ ☐ Post space required
in which canal(s) _____

☐ Previous root canal treatment ☐ X-ray enclosed ☐ X-Rays Emailed

How long ago _____ ☐ Sedation Req. ☐ Nitrous ☐ Oral ☐ General

Comments _____

☐ Please Call ☐ Before consult/examination ☐ After consult/examination

Signed Dr. _____ Office Location _____