



www.endochilliwack.com  
 info@endochilliwack.com  
 29-5725 Vedder Rd. Chilliwack, BC V2R 3N4

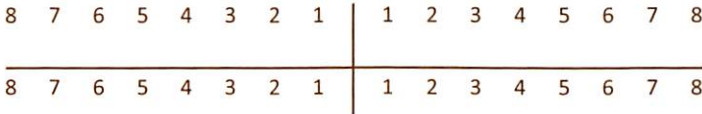
**Dr. Farnad Rezaie** INC & Associates  
 DDS, DMD, MSc(Endo), FRCD(C)  
 Certified Specialist in Endodontics  
 T. 604-846-3636  
 F. 604-846-3667

Introducing: \_\_\_\_\_ DOB (m/d/y) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel:(H) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

**For endodontic consideration of the following tooth (teeth):**



**Status** (check one or more of the following):

- |                                                                     |                                                                       |                                           |
|---------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------|
| <input type="radio"/> Consult and treatment                         | <input type="radio"/> Prophylactic root canal treatment required      |                                           |
| <input type="radio"/> Patient in pain                               | <input type="radio"/> Tooth has crown                                 | Remarks: _____<br>_____<br>_____<br>_____ |
| <input type="radio"/> Pulp exposure or recent restorative treatment | <input type="radio"/> Tooth has post                                  |                                           |
| <input type="radio"/> Root canal treatment started please complete  | <input type="radio"/> Post space required                             |                                           |
| <input type="radio"/> Previous root canal treatment                 | <input type="radio"/> Restore access cavity with                      |                                           |
|                                                                     | <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent |                                           |

**Insurance Info:**

Policy holder's name \_\_\_\_\_ DOB (m/d/y) \_\_\_\_\_  
 Insurance provider \_\_\_\_\_  
 Group# \_\_\_\_\_ ID Cert: \_\_\_\_\_  
 Basic coverage% \_\_\_\_\_ Major coverage% \_\_\_\_\_

**Secondary Insurance Info (If applicable):**

Policy holder's name \_\_\_\_\_ DOB (m/d/y) \_\_\_\_\_  
 Insurance provider \_\_\_\_\_  
 Group# \_\_\_\_\_ ID Cert: \_\_\_\_\_  
 Basic coverage% \_\_\_\_\_ Major coverage% \_\_\_\_\_

**Referred by Dr** \_\_\_\_\_

Tel \_\_\_\_\_  please send us referral pad  
 Today's Date \_\_\_\_\_  please call before appointment



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Appointment Date: \_\_\_\_\_ Time \_\_\_\_\_

**Patient information on reverse**

## Welcome to Chilliwack Endodontics

Your dentist has referred you to an endodontist. Endodontists are dentists who limit their practice to root canal treatment. Endodontists are experienced in treating complicated cases and specialize in diagnosing and relieving oral pain and treating traumatic injuries to the teeth. By referring you to a specialist who performs nothing but endodontic procedures, your family dentist has demonstrated personal concern for the quality of your dental care. **Please be advised that after root canal treatment you may need to contact your dentist for final restoration of your tooth.**

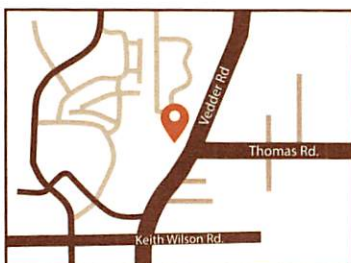
Your initial appointment will consist of a consultation explaining your diagnosis and treatment options. Occasionally, treatment can be done the same day as the consultation. However, a complex medical history or treatment plan will require an evaluation and a second appointment to provide treatment on another day.

Please assist us by providing the following information at the time of your consultation:

- Your referral slip and any X-rays if applicable.
- A list of medications you are presently taking.
- If you have any dental insurance, bring the necessary insurance information. This will save time and allow us to help you process any claims
- **IMPORTANT:** A parent or guardian must accompany all patients under 18 at the consultation visit.

**Please arrive 15 min before your treatment to complete the necessary paper work.**

**Please note:** We deliver the finest care at the most reasonable cost to our patients, therefore payment is due at the time service is rendered. Your insurance will not pay for all the costs of your treatment. The amount not covered by insurance must be paid at the time of your treatment. **Please remember you are fully responsible for all fees charged by this office regardless of your insurance coverage.**



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