Red Rocks ENDODONTICS LLC

Scott Horsley, DDS, MS | Spencer Nielsen, DDS, MSD | Christopher Wood, DMD
Justin Farmer, DDS, MDS | Alison Morrison, RN, DMD

REFERRED BY DR: _____

PATIENT NAME : _____ DOB: _____

DATE PT REFERRED: _____ PT PHONE NUMBER: _____

☐ **WHEAT RIDGE OFFICE**

10050 W 41st Ave - Ste 202
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RIGHT LEFT

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

☐ Evaluate ☐ Severe Toothache ☐ Vague Toothache ☐ Exposed Pulp ☐ Pathology

☐ Elective Root Canal Therapy ☐ Create Pilot Post Space ☐ Other

NOTES: _____