APEX ENDODONTICS
KIMBERLY A. MORIO DDS, MS

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Patient Name: _____

Patient Phone #: _____

Appt. Date: _____ Time: _____ Dr.: _____

Referred by Dr.: _____

☐ Treatment and Consult ☐ Consult Only ☐ Consult for IV Sedation

☐ Please Call Patient ☐ Patient Will Call ☐ Attached
Radiographs Taken on: _____

☐ Radiographs emailed: **office@apexendoiowa.com**

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

PLEASE INDICATE A RESTORATIVE DIRECTIVE

Temporary Only:

☐ Cotton/Cavit ☐ Cotton/Fuji Triage

☐ Leave Post Space ☐ Other: _____

Medication Note: Patients who require antibiotic prophylaxis before dental treatment need to take their antibiotics 1 hour prior to their endodontic appointment.

Minors: Patients under 18 years of age must be accompanied by a parent or legal guardian.

Insurance Note: Patients will be asked to pay their co-insurance amount at the time of service.

Remarks:

Date: _____ Office Phone: _____

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