NORTH SHORE ENDODONTICS

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300-2609 Westview Dr., North Vancouver, BC **P 604-987-2285**
Email: endodontics@telus.net F 604-987-2287

Today's date: _____

❑ Call patient
❑ Patient will call

Introducing: _____

Email: _____

D.O.B. _____ Best Contact # _____

Primary
Insurance: Co. _____ Policy _____ ID/Cert # _____

Policy Holder: Name _____ DOB _____

Secondary
Insurance: Co. _____ Policy _____ ID/Cert # _____

Policy Holder: Name _____ DOB _____

Radiograph(s) sent by: ❑ MTS ❑ Mail ❑ Patient ❑ Email ❑ None

18	17	16	15	14	13	12	11		21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41		31	32	33	34	35	36	37	38

❑ Consult only ❑ Consult re. existing RCT
❑ New RCT ❑ Radiographic opinion

Restoration request (please circle one of the following):

❑ Temporary
❑ Post space
❑ Permanent
❑ No Preference

Is the crown/bridge permanently cemented? ❑ **Yes** ❑ **No**

New Crown/Bridge planned? ❑ **Yes** ❑ **No**

Referred by Dr. _____ Tel: _____

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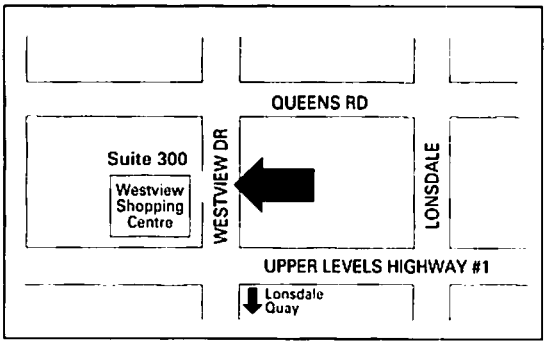
Dr. Mark Olesen Inc. **Dr. Brent Moore** Inc. **Dr. Deborah Szabo**

Appointment Date: _____ Time: _____

Suite 300 - 2609 Westview Drive, North Vancouver, BC, V7N 4M2
Tel: 604-987-2285 Fax: 604-987-2287
Email: endodontics@telus.net www.vancouverrootcanals.com

Remarks (symptoms and/or signs):



DIRECTIONS: we are located half of a block above the Upper Levels Highway on the northwest corner. Take **WESTVIEW DR. EXIT 17,** head north and take the first left at the light into the shopping centre. We are in the first building on your right.

Please refer to our website for parking information.