



— GRAND RIVER —
ENDODONTICS

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Today's Date: _____
Patient Name: _____
Patient Phone: _____ DOB: _____
Referring Doctor: _____ Phone / Email: _____

PLEASE MARK TEETH TO BE TREATED

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

REFERRAL REQUEST

- | | | |
|--|--|-----------------------------------|
| <input type="radio"/> Consultation | <input type="radio"/> Root Canal Treatment | <input type="radio"/> Retreatment |
| <input type="radio"/> Endodontic Surgery | <input type="radio"/> Prophylactic RCT | <input type="radio"/> CBCT |

TOOTH STATUS

- | | |
|--|------------------------------------|
| <input type="radio"/> Patient has pain/ swelling | <input type="radio"/> Previous RCT |
| <input type="radio"/> Previously initiated | <input type="radio"/> Trauma |

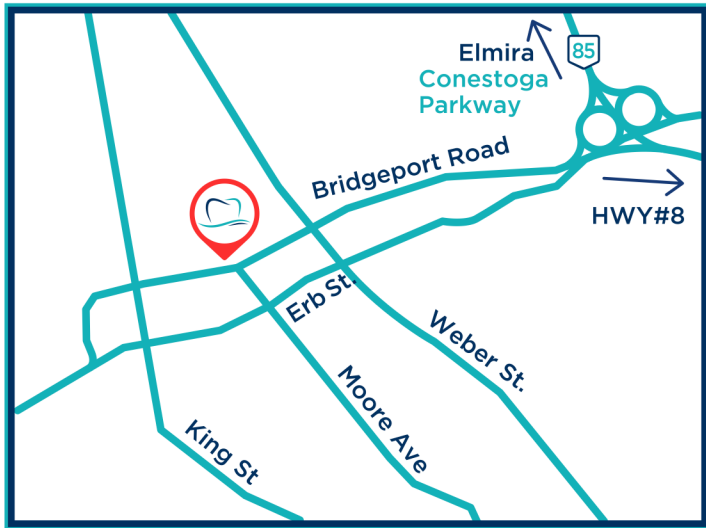
REQUESTED CORONAL RESTORATION

- | | | |
|---------------------------------|---|--|
| <input type="radio"/> Temporary | <input type="radio"/> Permanent core build-up | <input type="radio"/> Leave post space |
|---------------------------------|---|--|

Comments/ Additional Info:

LOCATION

60 Bridgeport Rd. E., Unit 101, Waterloo, ON, N2J 2J9
Free Parking Onsite



INFORMATION FOR PATIENTS

Patients can log onto our secure website and conveniently complete the Patient Registration and Medical History online prior to the appointment. Please contact our office for an ID and Password.

T: (519)-513 2833 E: info@grendo.ca

[WWW. GRENDO.CA](http://WWW.GRENDO.CA)