

# Sara A. Barsness, DDS, MS

Specialist in Endodontics

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Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Phone \_\_\_\_\_

- For:
- Consultation
  - Hemisection
  - RCT
  - Root Amputation
  - Apexification
  - Replantation
  - Retreat
  - Bleaching
  - Apical Surgery

Medical & Treatment History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
<b>RIGHT</b>																	<b>LEFT</b>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

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

Referring Doctor \_\_\_\_\_

Referring Practice \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

