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Referring Dr. _____

Appointment Information: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify our office at least 48 hours in advance.

Today's Date _____ Appt. Date _____ Time _____

Name _____ Phone _____

**Please do not take any pain medicine within 8 hours of your appointment so the doctor may accurately evaluate your symptoms.*

Please Select Teeth or Area to be Treated:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
R			T	S	R	Q	P	O	N	M	L	K			L
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Services Already Performed

- Tooth has been opened, medicated and sealed
- Patient has been placed on an antibiotic and/or analgesic
- Other _____

Services Requested

- Consultation Only
- Evaluate and treat as indicated
- Evaluate for surgery or retreatment
- Lease post space
- Do post and core buildup
- Please fill access opening with _____
- Other/Comments _____

