



**Candace De Veaux, D.D.S., M.S.D.**  
*Endodontic Specialist*  
 15 Ruth Dr.  
 Newnan, GA 30265-1339  
 Tel: 770-253-3171

DATE: \_\_\_\_\_

INTRODUCING PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_ PATIENT PHONE: \_\_\_\_\_

REFERRED BY DR: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ APPOINTMENT TIME: \_\_\_\_\_

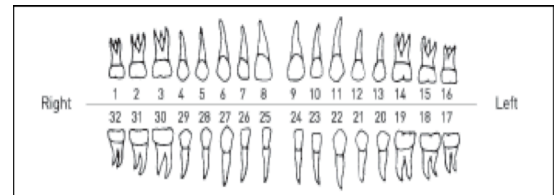
**Requested Treatment**

- Evaluation Only
- RCT
- Retreatment
- Apicoectomy
- Post Space

**History**

- Pain
- Swelling
- Bite Sensitivity
- Pulp Exposure
- Periapical Lesion
- Fracture/Crack
- Trauma
- RCT Initiated

**Please Circle Specific Area of Concern**



COMMENTS: \_\_\_\_\_



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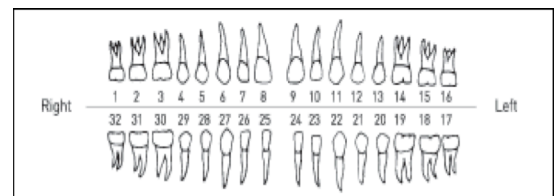
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