

# RED ROCKS ENDODONTICS LLC

2535 S. Lewis Way, Unit 105  
Lakewood, CO 80227

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Date: \_\_\_\_\_

## This is to Introduce

Patient's Name: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

## Referred By

Dr's Name: \_\_\_\_\_

Right

Left

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

- Evaluate
- Patient has severe toothache
- Patient has vague toothache
- Pulp was exposed
- X-Ray reveals pathology
- Elective root canal therapy
- Other: \_\_\_\_\_
- Make pilot post space

Other helpful information or comments: \_\_\_\_\_

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

Your appointment has been scheduled for:

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Kindly give 48 hours notice for cancellation.



