Candace De Veaux, D.D.S., M.S.D.
Endodontic Specialist
519 Memorial Dr SE Ste. d-01
Atlanta, GA 30312
Tel: 404-496-6620
Fax: 404-382-0570

DATE: _____

INTRODUCING PATIENT: _____ DOB:_____ PATIENT PHONE: _____

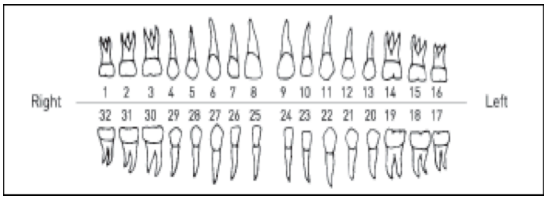
REFERRED BY DR: _____ OFFICE PHONE: _____

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:_____
_____
_____

Candace De Veaux, D.D.S., M.S.D.
Endodontic Specialist
519 Memorial Dr SE Ste. d-01
Atlanta, GA 30312
Tel: 404-496-6620
Fax: 404-382-0570

DATE: _____

INTRODUCING PATIENT: _____ DOB: _____ PATIENT PHONE: _____

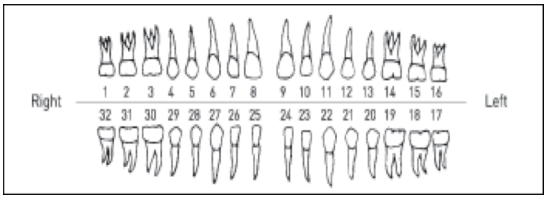
REFERRED BY DR: _____ OFFICE PHONE: _____

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:_____
_____
_____