



GreenTree
endodontics
michelle stoffa, dds

Michelle Stoffa, DDS
T- (336)448-0840
F- (336)448-0841

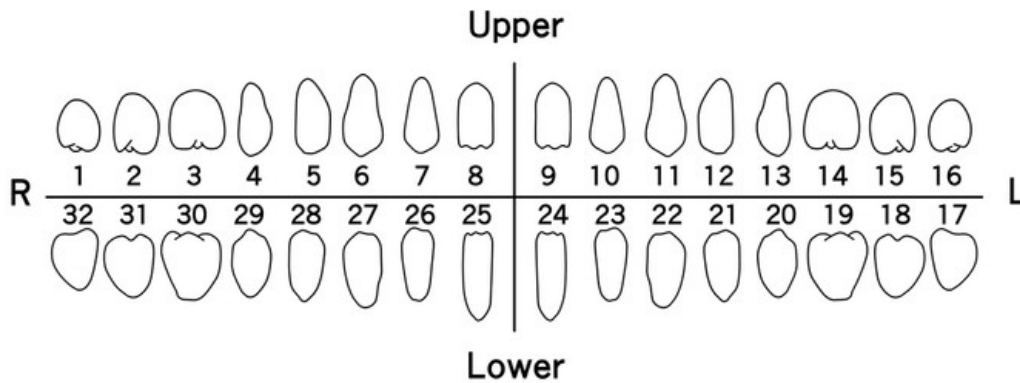
1400 Westgate Center Dr
Greentree I, Suite 208
Winston Salem, NC 27103

Patient Name: _____

Date: _____

Referred by Dr. _____

PLEASE MARK TEETH OR AREA TO BE EVALUATED



Please Complete

- | | |
|---|---|
| <input type="checkbox"/> Evaluation only | <input type="checkbox"/> Post space preparation |
| <input type="checkbox"/> Evaluation & necessary treatment | <input type="checkbox"/> Restore endo access |
| <input type="checkbox"/> Re-treatment | <input type="checkbox"/> Other: _____ |

History of Tooth (Please circle any that apply)

Pain | Radiograph revealed pathology | Pulp exposure | Trauma | Swelling | Crack
Crown (Temporarily cemented or Permanently cemented)

Antibiotic or analgesic prescribed: _____

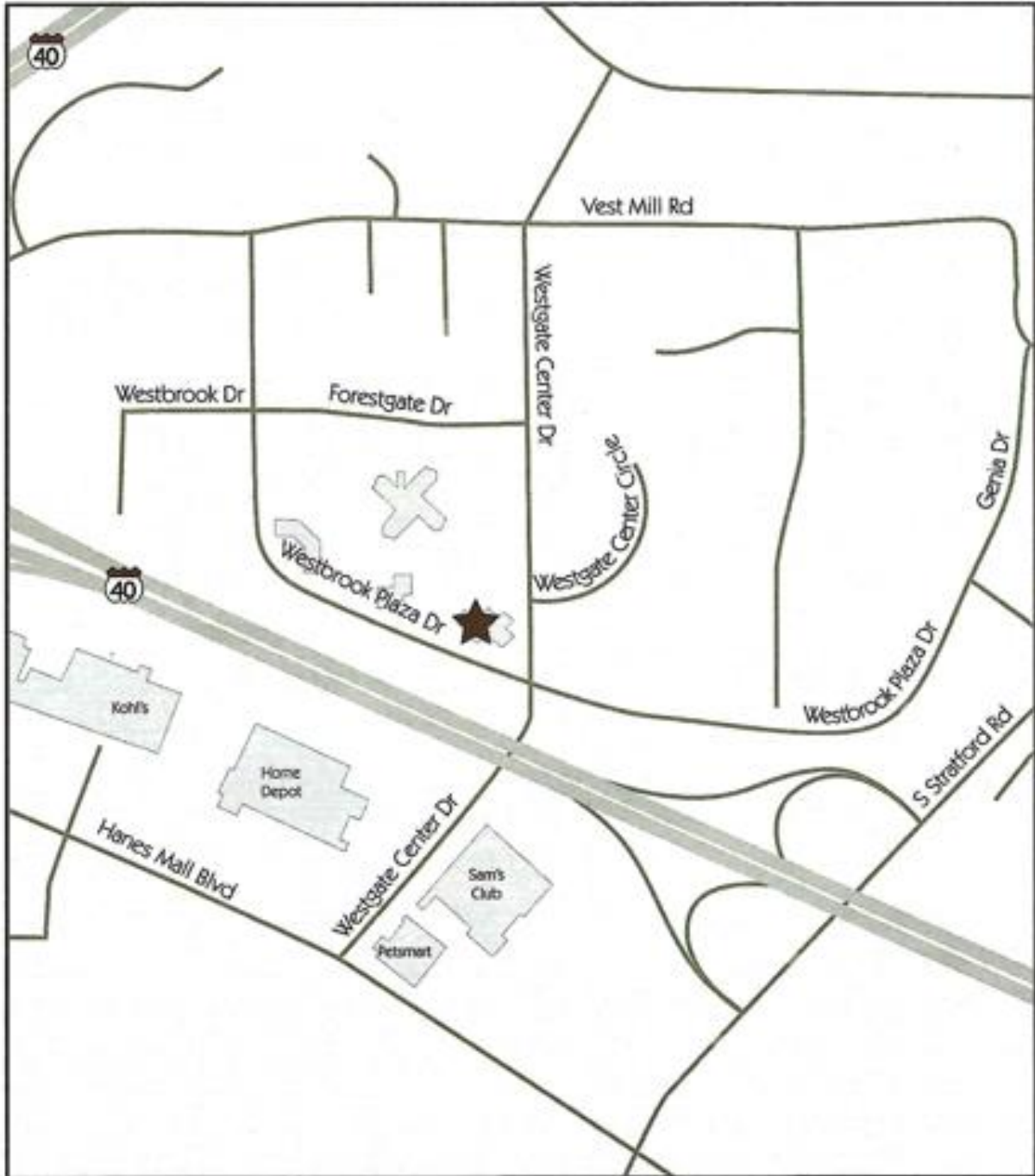
SPECIAL INSTRUCTIONS OR COMMENTS: _____



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