



Endodontic Center of Redmond

Ryan McNamara DDS PLLC
15965 NE 85th St. Suite 100
Redmond, WA 98052
425.898.4604

Patient Name: _____

DOB: _____ M/F

Patient Phone: _____

Call Patient: Patient will call:

Appt. Date/Time: _____

Referring Doctor: _____

Date of Referral: _____

Special instructions: _____

CBCT (3D scan): _____

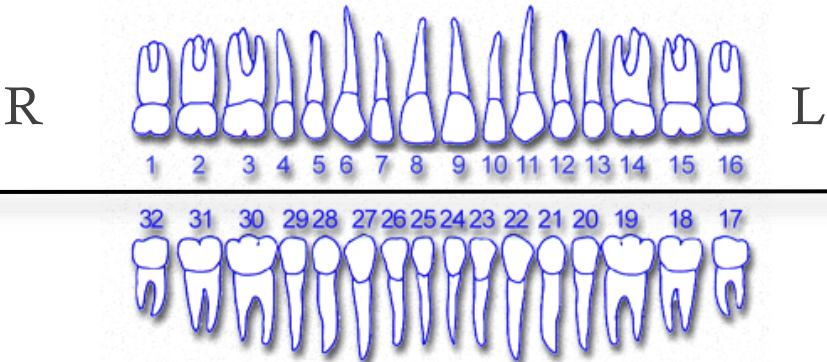
- Please evaluate for:
 - Root Canal Treatment
 - Retreatment
 - Endodontic Surgery

- Patient is having:
 - Pain Swelling
 - Hot/cold sensitivity
 - Chewing discomfort

- Radiograph revealed:
 - Decay Radiolucency
 - Fracture Resorption

- RCT was initiated
- RCT needed for restoration
- Prepare post space
- Pulpal floor restoration

Please circle teeth for endodontic evaluation:



*Please see reverse side for patient instructions

www.EndoRedmond.com
Email: info@EndoRedmond.com

Phone: 425.898.4604
Fax: 425.898.4570



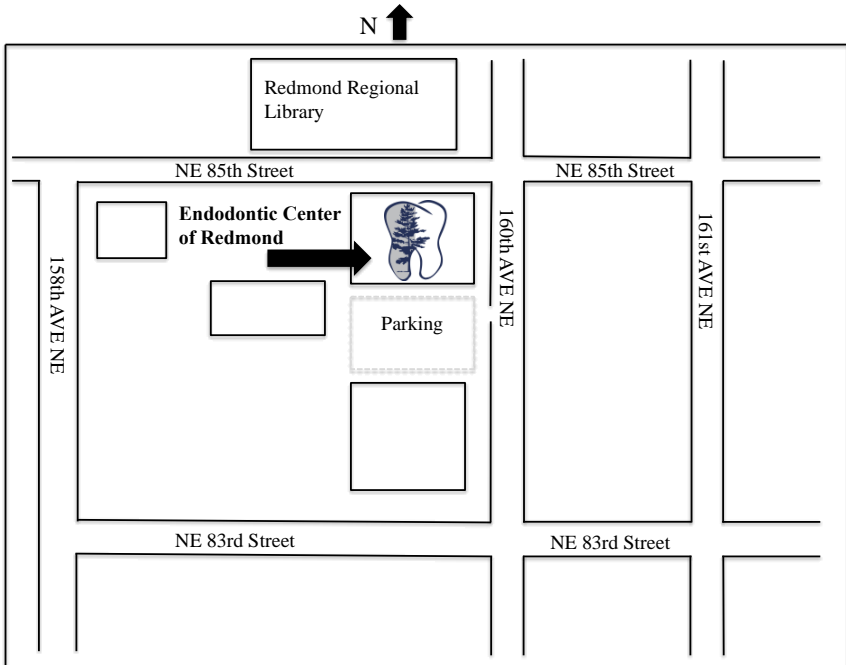
Endodontic Center of Redmond

Ryan McNamara DDS, PLLC
15965 NE 85th St. Suite 100
Redmond, WA 98052
425.898.4604

Patient Information

- Please bring this referral slip to your appointment
- You will return to your dentist for a final restoration after completion of your endodontic treatment
- If applicable, please bring your dental insurance information
- Before arriving, save 15-30 minutes by registering online and reviewing the pre-appointment instructions at **www.EndoRedmond.com**

15965 NE 85th Street, Suite 100
Redmond, WA 98052



www.EndoRedmond.com
Email: info@EndoRedmond.com

Phone: 425.898.4604
Fax: 425.898.4570