



# Endodontic Center of Redmond

Ryan McNamara DDS PLLC  
Adriana Baiz DDS, MScD  
15965 NE 85<sup>th</sup> 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: \_\_\_\_\_

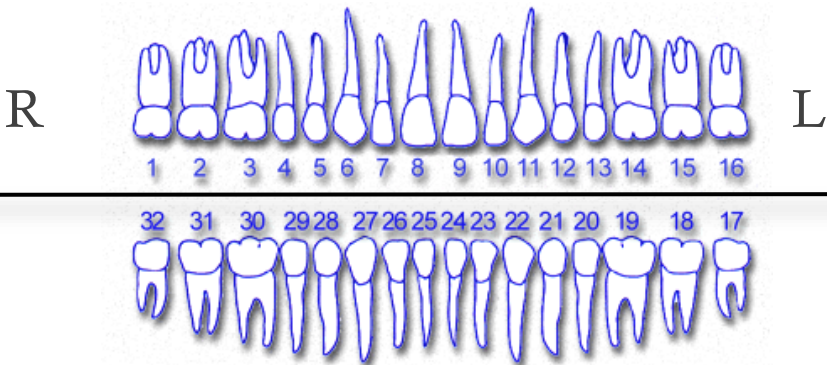
\_\_\_\_\_

\_\_\_\_\_

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  
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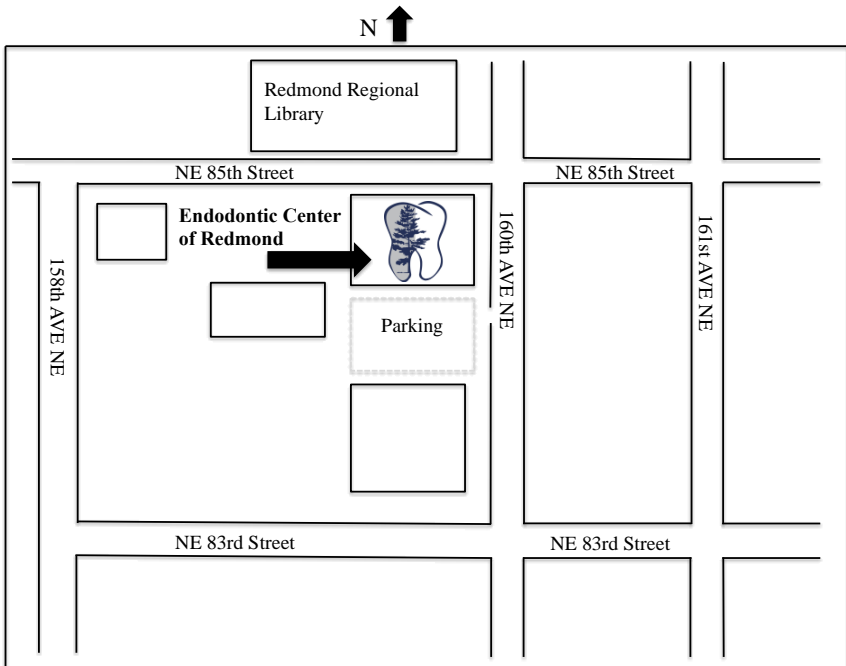
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## Patient Information

- 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](http://www.EndoRedmond.com)**

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