



JAGDEEP GILL, DDS
CINDY HUYNH, DDS
HOOMAN RABIEE, DDS, MS

Patient: _____ Date: _____

Tooth/Area for Evaluation: _____

Referring Dr. : _____

Please email the referral and xray.
info@anchorendogroup.com

History:

☐ Periapical Radiolucency ☐ Hot/Cold Sensitivity ☐ Previous Endodontic Treatment

☐ Spontaneous Pain ☐ Pulp Exposure ☐ Trauma

☐ Chewing Sensitivity ☐ Other _____

Duration of Symptoms: _____

Prescriptions:

☐ Rx: Pain Medication _____

☐ Rx: Antibiotic _____

Cone Beam CT Taken at Every Consultation

Treatment Requested:

☐ Consultation Only ☐ Consultation and Treat as Needed

☐ Cone Beam CT Only

☐ Other _____

Radiograph: ☐ Emailed ☐ Not Available

Access Restoration Preference _____

Comments:

Online Referring Available: ANCHORENDOGROUP.COM



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- Welcome to Anchor Endodontics! We look forward to meeting you.
- After making your first appointment, you will receive a "Welcome" email. It will contain a link to our secure portal and instructions on how to complete the "Patient Registration." You will be provided a unique Username and Password to access our system.
- From the comfort of home, please fill out the following information online: Patient General Information, Medical History, Prescriptions and Tooth Pain History.
- If you do not have access to the internet, please come to your initial appointment 15-20 minutes early to fill out your Health History information. If you are on any medications, please bring a list of the names and dosages of each.
- If there are any questions that you might have, please feel free to phone our office prior to your first appointment.
- Endodontic treatment usually takes one or two appointments. During your initial visit your tooth will be examined, and if needed, treatment will be started.
- As a courtesy to you, we will assist in the processing of your insurance. A portion of your estimated co-payment will be required at the initial appointment. You are responsible for payment of fees upon completion of treatment.
- Minors must be accompanied by parent or guardian.
- A 48 hour notice is required to reschedule any appointment.

