NORTH CENTRAL ENDODONTICS
ROBERT S. SCHMIDT, DDS SPECIALIST IN ENDODONTICS

2600 STEWART AVENUE, SUITE 266 WAUSAU, WI 54401
715.842.4440 FAX: 715.842.5977
E-mail: drschmidt@northcentralendo.com
www.northcentralendo.com

Referred by Dr:_____ Date:_____

Patient:_____ Date of Birth:_____

Contact Patient at #:_____ Has patient been to this office before? Yes No

Tooth/Teeth #_____ Film enclosed or E-mailed: Y N

Reasons for referral (check all that apply)

___Tooth is painful – how long? ___
___Radiograph shows abscess
___Sensitive to hot/cold Slight/moderate/severe (circle one)
___Sensitive to pressure/chewing Slight/moderate/severe (circle one)
___Vague, non-localized pain
___Root canal tx started.
Tooth left open since_____
Tooth sealed with temp filling. Yes___ No___
___Trauma When?_____

___Endo necessary for reconstruction
Post space necessary? Yes___ No ___
___Sinus/fistula present? Yes___ No___ How long___
___Old root canal filling looks poor
___Gum/facial swelling? Yes___ No___ How long__
___**Antibiotic premedication needed?**
___**Joint Replacement**
___**Other**

Special circumstances:

_____

_____

Requested Services:

☐ Consultation only ☐ Root Canal Therapy ☐ Post Space ☐ Post Removal
☐ Pre-Prosthetic RCT ☐ Retreatment ☐ Apicoectomy ☐ Restore Access Cavity w/Final Restoration
☐ Root Canal Therapy Started: _____ (date)

Appointment Date:_____ Time:_____

If this form is faxed (715-842-5977), please mail or e-mail available films ASAP (drschmidt@northcentralendo.com)

For office use: Acct #_____ Appt Date_____ Units_____Tooth #_____

Please complete and give the lower form to the patient

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Referred by Dr:_____ Date:_____

Patient:_____

Tooth/ Teeth:_____

Requested Services:

___Pre-prosthetic RCT
___Consultation
___Root Canal Therapy
___Post Space
___Apicoectomy
___Retreatment
___Post Removal

Special Patient Instructions:_____

Patient Appt:_____

NORTH CENTRAL ENDODONTIC SOLUTIONS, LLC

ROBERT S. SCHMIDT, DDS

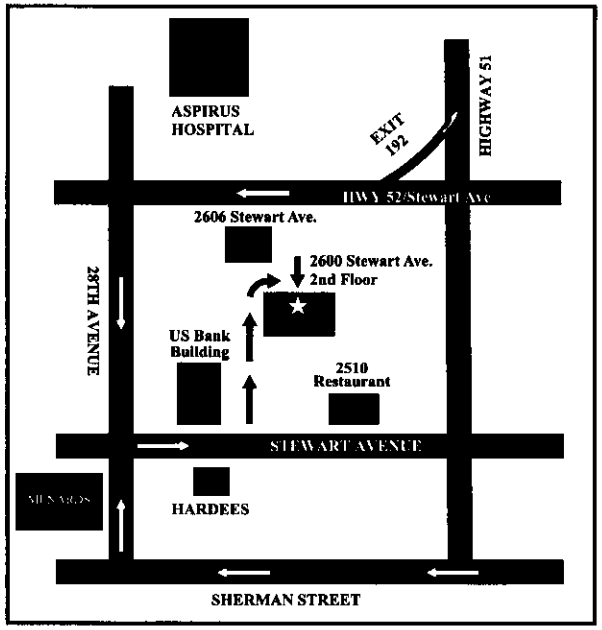
2600 STEWART AVENUE #266
WAUSAU, WI 54401
715-842-4440

FROM THE NORTH:

51/39 South to exit 192, turn R at lights
Turn L at next lights (28th Ave)
Turn L at next lights (Stewart Ave)
We are straight back at the 2600 Building. Go through the back entrance and up to the 2nd floor.

FROM THE SOUTH:

51/39 North to exit 191B, turn L at lights (Sherman Street)
Turn R at next lights (28th Ave)
Turn R at next lights (Stewart Ave)
We are straight back at the 2600 Building. Go through the back entrance and up to the 2nd floor.



FROM THE WEST:

29/52 East to exit 164A, turn right on Stewart Avenue.
Go straight thru intersection of 28th Avenue and Stewart Avenue.
We are straight back at the 2600 Building. Go through the back entrance and up to the 2nd floor.

FROM THE EAST:

29/52 West, turn L at 28th Avenue
Turn L at next lights (Stewart Avenue)
We are straight back at the 2600 Building. Go through the back entrance and up to the 2nd floor.