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**CONTEMPORARY**  
E N D O D O N T I C S

PRACTICE LIMITED TO ENDODONTICS

MICROSCOPIC & MICROSURGICAL ROOT CANAL THERAPY

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INTRODUCING \_\_\_\_\_ DATE \_\_\_\_\_

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Consultation   | <input type="checkbox"/> Root Canal Therapy   | <input type="checkbox"/> Retreatment |
| <input type="checkbox"/> Apical Surgery | <input type="checkbox"/> 3D Cone Beam CT Scan | <input type="checkbox"/> Panorex     |

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |                        |                                |                                       |                                      |
|------------------------|--------------------------------|---------------------------------------|--------------------------------------|
| RADIOGRAPHS SENT       | <input type="checkbox"/> EMAIL | <input type="checkbox"/> WITH PATIENT | <input type="checkbox"/> NO          |
| IS POST ROOM REQUIRED? | <input type="checkbox"/> YES   | <input type="checkbox"/> NO           | <input type="checkbox"/> PLEASE CALL |
| PLACE CORE BUILD UP?   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO           |                                      |
| BOND CANAL ORIFICE(S)? | <input type="checkbox"/> YES   | <input type="checkbox"/> NO           | Dr. _____                            |

We welcome the opportunity to serve you and your endodontic needs. Your dentist has determined a need for endodontic treatment or evaluation. Our office specializes in providing this care to the most sensitive of patients, regardless of the complexity of treatment. Usually when treatment is needed, it can be completed in our office using local anesthesia in one or two visits. Temporary fillings are placed after each visit and upon completion of your treatment with us, you'll return to your dentist for the placement of a crown or other final restoration. We look forward to meeting you and working with you in the maintenance of your oral health.

Please visit our website at [www.palosrootcanal.com](http://www.palosrootcanal.com) for patient registration forms to bring with you to your first appointment and additional information about our practice.

