Richard J. Pasiewicz, D.D.S., M.A. Isaac No, D.M.D., M.H.S.



PRACTICE LIMITED TO ENDODONTICS

MICROSCOPIC & MICROSURGICAL ROOT CANAL THERAPY

7600 W. College Drive • Suite 17 • Palos Heights, IL 60463 • (708) 361-1770 • info@palosrootcanal.com

In	Introducing																	
Date								☐ Consultation					☐ 3D Cone Beam CT Scan					
	☐ Root Canal							Retreatment				☐ Apicoectomy						
Ric	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Ę.	
Right	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Fe	
	Re	mark	S:															
Dı	Dr											☐ Please Call						
lm	Images sent to info@palosrootcanal.com?												□Yes □No					
ls	Is Post Room Required?												es		No			
Pla	Place Core Build Up?												es		No			
Вс	Bond Canal Orifice(s)?												es		No			

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 permanent restoration. We look forward to meeting you working with you in the maintenance of your oral health.









PRACTICE LIMITED TO ENDODONTICS

MICROSCOPIC & MICROSURGICAL ROOT CANAL THERAPY

7600 W. College Drive • Suite 17 • Palos Heights, IL 60463 • (708) 361-1770 • info@palosrootcanal.com
Located on the 2nd Floor, down the hallway between the elevator and stairwell
Visit our website at www.palosroot.canal for driving directions

Instructions for First Visit

You can complete your registration form prior to your appointment by visiting our website at **www.palosrootcanal.com**.

Please bring the following items with you:

☐ Referral Slip

☐ Dental Insurance Cards

☐ Photo ID

In order for images to be considered for diagnostic use by our doctors, they must be received in digital format prior to your appointment. Images must be dated, less than three months old, and the tooth/teeth in question must not have had any restorative work done after the image was taken.

