Great Lakes Endodontics Copy

If your appointment is for a root canal procedure, follow the instructions below:

• Bring a full list of your medications prescribed from the physician and dentist
• Bring any dental insurance card or information
• If you require antibiotic premedication from the dentist or physician, please take as directed
• www.glendocare.com Visit our website to register online or print off registration materials prior to your appointment
• Bring this referral slip along with any x-rays from your dentist

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Mark T. Phillips*, D.D.S., M.S.

Great Lakes Endodontics
North Shore Bank Place • 4815 West Arrowhead Road • Suite #110 • Hermantown, MN 55811
Ph: 218-722-0772 • Toll Free: 866-355-0772 • Fax: 218-722-4778 • www.glendocare.com

*Diplomate of the American Board of Endodontics
**Board-Eligible with the American Board of Endodontics

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☐ Evaluate and Treat
☐ Consultation Only
☐ Contact Referring Dentist Before Treatment
☐ Prepare for Post Space

Place Permanent Restoration if Possible

☐ Yes ☐ No

Was Root Canal Started

☐ Yes ☐ No

Referred by Doctor: ___________________________________________________________________________________________

Comments: _________________________________________________________________________________________________

____________________________________

____________________________________

Previous Root Canal Treatment

☐ gutta percha
☐ silver point
☐ thermafil

Mark T. Phillips*, D.D.S., M.S.
Introducing: ___________________________________________  Date of Birth: __________

Home Phone:_________________________  Cell Phone:_________________________  Work Phone:_________________________

Address: ___________________________________________________  Email Address: ________________________________

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Patient Copy
Great Lakes Endodontics is located in the North Shore Bank Building. Drive around to the back of the building to the offices. Main level, Suite #110

Please see website for written directions www.glendocare.com