



ENDODONTIC EXCELLENCE

JOHN P. LUNDGREN, DDS, MS
JEFFREY W. HILLEY, DMD, MS

Board Certified Endodontists

AUTHORIZED PROVIDER



7740 Point Meadows Dr., Suite 3B
Jacksonville, FL 32256

Email: endoexcellence@me.com

Telephone: (904) 517-5090

Fax: (904) 517-5091

Introducing _____

DOB: _____ Patient Phone: _____

Referring Doctor: _____ Date: _____

Please circle tooth/teeth for endodontic evaluation:

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

Status:

- Symptomatic
- Radiographic Pathosis
- Swelling
- Previous Root Canal Treatment
- Pulp exposure
- Suspected Fracture

Other Requests:

- Prepare Post Space
- Elective RCT for retention
- Restore Access Opening

Comments: _____

Appointment date: _____ at _____ a.m./p.m.

Prior to your appointment , please complete the Patient Registration forms on our website: www.jaxendoexcellence.com.



**ENDODONTIC
EXCELLENCE**
JOHN P. LUNDGREN, DDS, MS

7740 POINT MEADOWS DRIVE, SUITE 3B

BAYMEADOWS RD.