



Aaron R. Welk, D.M.D. - Diplomate, American Board of Endodontics

T: 503.855.4546 F: 503.427.2726 | office@CascadeEndo.com

18735 SW Boones Ferry Road | Tualatin, Oregon 97062

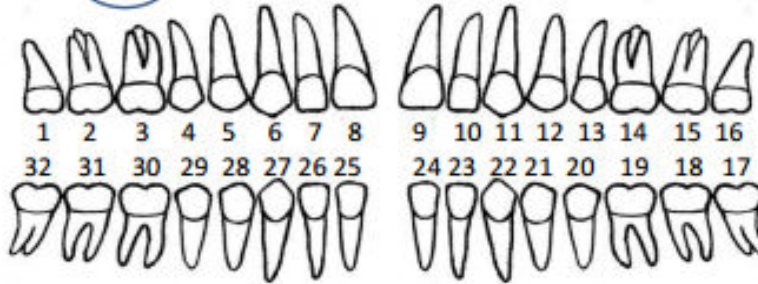
Introducing: _____ Referral Date: _____

Patient Phone: _____

Patient email: _____

Referred by Dr. _____ Dr. Phone: _____

Please **circle** teeth or area of concern:



Send Digital Radiographs to: office@CascadeEndo.com

Consultation Only

Exam and Treat as needed

Endodontic Treatment Started on: _____

Previous Root Canal? When? _____

Place Core Buildup Restoration (no post)

Place temporary filling Leave Post Space

Please provide detailed treatment history or describe current problem:

Your Appointment is Scheduled for:

Date: _____ **Time:** _____

Thank you for your referral