



JOHN W. PAWLUK, DDS
 QIAN XIE, DDS, MS, PHD
 NIHAR PILLAI, DDS

OAKBROOK TERRACE & NAPERVILLE:
 PH: 630-729-4544 · FAX: 630-756-0281
 WHEATON:
 PH: 630-665-9850 · FAX: 630-665-9266
 WWW.ENDO-ILLINOIS.COM

PATIENT:

NAME: _____
 DATE OF BIRTH: _____
 PHONE: _____
 EMAIL: _____

REFERRING DOCTOR:

NAME: _____
 PHONE: _____
 EMAIL: _____
 TODAY'S DATE: _____

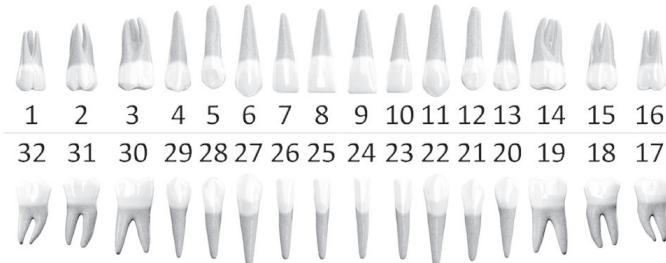
DESIRED TREATMENT:

- | | |
|--|---|
| <input type="checkbox"/> ENDODONTIC CONSULTATION | <input type="checkbox"/> DENTAL IMPLANT |
| <input type="checkbox"/> ROOT CANAL | <input type="checkbox"/> CALL PRIOR TO TREATMENT |
| <input type="checkbox"/> RETREATMENT | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ENDODONTIC SURGERY | |
| <input type="checkbox"/> POST SPACE DESIRED | NEW CROWN PLANNED: <input type="checkbox"/> YES <input type="checkbox"/> NO |

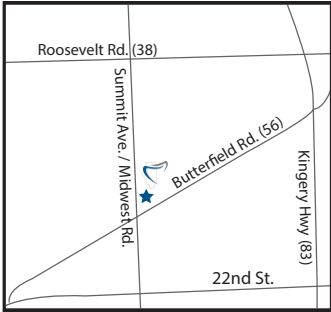
HISTORY:

- | | |
|---|---|
| <input type="checkbox"/> PAIN | <input type="checkbox"/> FRACTURE/CRACK |
| <input type="checkbox"/> SWELLING | <input type="checkbox"/> TRAUMA |
| <input type="checkbox"/> BITE SENSITIVITY | <input type="checkbox"/> ROOT CANAL INITIATED |
| <input type="checkbox"/> PULP EXPOSURE | <input type="checkbox"/> _____ |

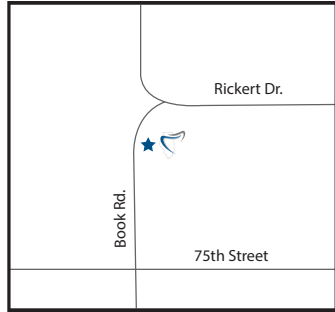
AREAS OF CONCERN:



NOTES:



OAKBROOK TERRACE
 GALLERY BUILDING
 1 SOUTH 443 SUMMIT AVE
 SUITE 306
 OAKBROOK TERRACE, IL 60181
 630-729-4544



NAPERVILLE
 1891 BAY SCOTT CIRCLE
 SUITE 105
 NAPERVILLE, IL 60540
 630-729-4544

WHEATON
 416 E. ROOSEVELT RD.
 SUITE 100
 WHEATON, IL 60187
 630-665-9850

