



Dr. Christine L. Ogden
Endodontist

Today's Date _____

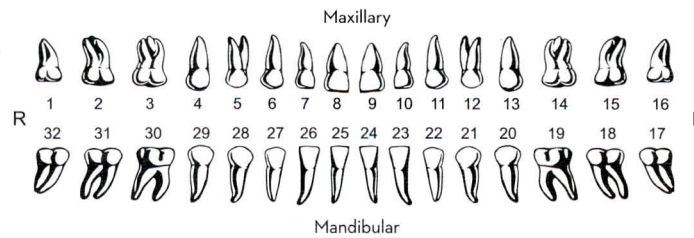
Patient's Name _____

Appointment Date _____ Time _____ am/pm

Referred by Dr. _____

- | | |
|---|---|
| <input type="checkbox"/> Evaluation only | <input type="checkbox"/> Possible apical surgery or retreatment |
| <input type="checkbox"/> Root canal therapy | <input type="checkbox"/> Please leave post space |

Please circle tooth to be treated



Referred Due To:

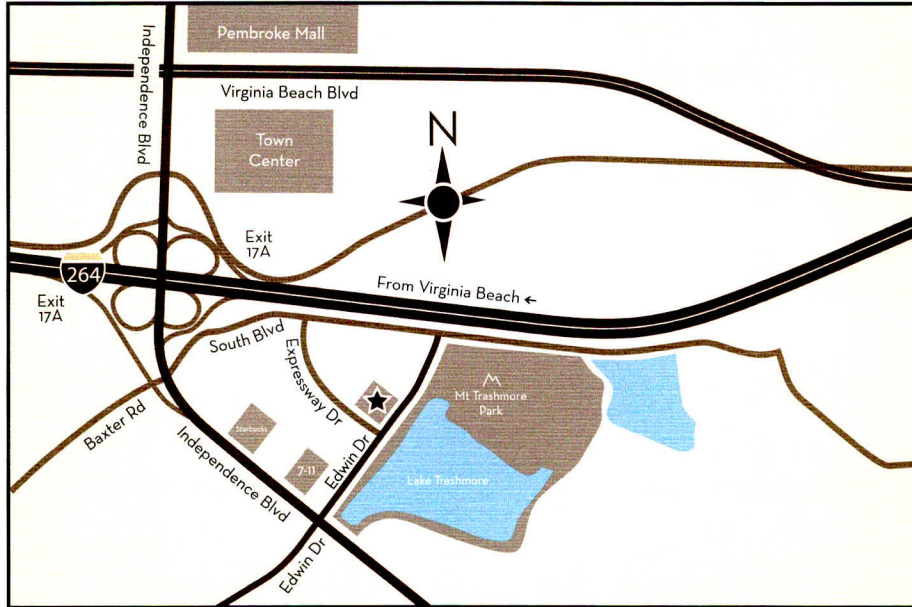
- Pain
- Radiographic findings
- Carious pulp exposure
- Swelling

Status of Tooth:

- Previous completed root canal
- Root canal started but not finished
- Previous post
- Crown permanently cemented
- Crown temporarily cemented

Remarks _____





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IF YOU HAVE DENTAL INSURANCE

As a service to you, and for your convenience, we will file your insurance claim forms with the information you provide us at the time of your initial appointment. What we tell you over the phone is an estimate only, not a guarantee of coverage. You are responsible for the amount quoted over the phone IN FULL at the time of your appointment. We cannot control what your insurance company will or will not pay. We have found that some insurance companies do not cover all dental services. Upon receipt of payment from your insurance company, we will bill you for the outstanding balance or refund any overpayment directly to you.

Patients 18 years of age or under must have a parent or guardian present to give written consent for treatment.

If you are unable to keep your appointment, please give us the courtesy of 24 hours advance notice. Thank you for your consideration.

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