



WAKE FOREST ENDODONTICS

DR. JAKE REYNOLDS, DMD, MSD

MICROSURGERY & ROOT CANAL THERAPY SPECIALIST

610 DR. CALVIN JONES HWY, SUITE 100, WAKE FOREST, NC 27587
PHONE 919-336-5230 FAX 919-336-5231 WAKEFORESTENDO.COM

Doctor Preference: Dr. Jake Reynolds, DMD, MSD
 Dr. Nic Pettit, DMD, MS
 No Preference

Patient Name: _____

Patient Phone Number: _____

Patient Date of Birth: _____

Dental Ins. Name: _____ Ins. ID #: _____

Referred by Dr. _____

Today's Date: _____

Appointment Date: _____ Time: _____

*Note to Patient: Please complete digital paperwork online at
WakeForestEndo.com prior to your visit.*

Tooth No. _____ History: _____

Cold Heat Pressure Swelling X-ray radiolucency
 Biting Aching Previous Root Canal Previously opened

Purpose for Referral:

Treatment Evaluation Only
 Place Temporary Restoration Place Permanent Restoration

Please complete this form and send it to our office by
email to info@wakeforestendo.com or fax to 919-336-5231
and we will contact the patient.

Check box if you would like more referral pads

Thank you for trusting us with your patient.
It is our privilege to be part of your dental team to
provide the highest quality care for your patient.

Please take into consideration the information below:

- If periapical pathosis is apparent, please have your patient schedule an appointment for treatment, not an evaluation.
- If the tooth is restoratively compromised, root canal therapy will be rendered based on your referral. We assume that you have advised your patient that crown lengthening, post and/or core and crown may be necessary.

Please be sure the patient understands the financial obligation
and wishes to maintain the tooth.

We inform your patient that root canal therapy is not complete until the tooth has been properly restored. Therefore, we will instruct your patient to return to you for a crown approximately 2-4 weeks from obturation.

