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- First Available

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## PARKSIDE ENDODONTICS

www.parksideendo.com  
 mail@parksideendo.com

Today's Date \_\_\_\_\_ Patient's Phone \_\_\_\_\_

Patient's Name \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

### PLEASE MARK TEETH TO BE TREATED

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

### TREATMENT DESIRED

- Consultation
- Root Canal Therapy
- Root Canal Retreatment
- Apicoectomy
- Post Space Preparation
- Other

### PRIOR ENDODONTIC TREATMENT

- None
- Pulpotomy or Pulpectomy
- Pulp Exposure and Cap
- Previous Endodontic Treatment/Surgery

### RESTORE ACCESS WITH

- Temporary
- Composite
- Amalgam
- Leave Post Space

### RESTORATIVE PLANS

- New Crown
- No Further Plans
- Other \_\_\_\_\_

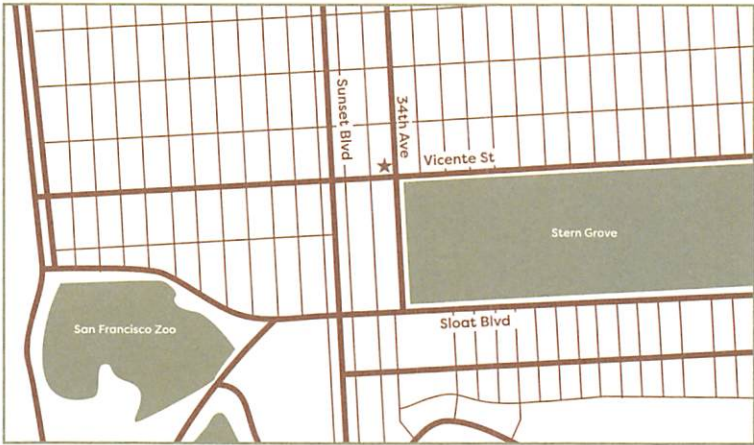
Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Before your appointment, please complete your patient registration online at [www.ParksideEndo.com](http://www.ParksideEndo.com). Simply click on Patient Registration from the home page. Choose the office location and log in. Please complete the following sections: **Patient Registration, Medical History, and Pain History**. Please remember to click the Submit button at the bottom of each section to save your information. We ensure that this website is completely secure and your information will remain confidential.

Here you may also find directions to our office and information about endodontic treatment. When you arrive for your appointment, we will request your digital signature for each of these forms. You will also be asked to sign our Consent for Treatment. You may review a copy of this consent form online as well. If you have any questions along the way, please contact our office immediately. We look forward to meeting you very soon.



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