Before Your Appointment
➢ Please complete digital paperwork before your appointment.
   (link will be emailed to you)
➢ If unable to do so, please arrive 20 min before appointment time and a team
   member will assist you.

Please Bring to Your Appointment
➢ Referral Slip
➢ Form of ID
➢ Insurance Card
➢ Medication List
➢ OB clearance letter (if pregnant)

Please Note:
➢ All Fees and Co-Pays are due at appointment time
➢ Insurance coverages quoted are a best estimate
➢ Cancellation of appointment time less than 24 hours before may incur a fee
➢ A parent/guardian must accompany a minor under 18 years old

Booth Certified Pinnacle
ENDODONTICS
OF GEORGIA

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Introducing:

Referrer by: ________________ Date Referred: ________________

Appointment Date/Time: ________________

If referred to specific doctor or location, please specify:

Patient is being referred for the following:
❑ Therapeutic Diagnosis   ❑ Root Canal Treatment   ❑ Re-treatment   ❑ Apical Surgery
❑ Please call me concerning patient   ❑ Place post/build up   ❑ Create post space

When treatment is complete, please
❑ Temporize   ❑ Place post / build up   ❑ Create post space

Comments:

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Maps and special instructions are on the back.
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Comments: 

![Tooth Diagram]

Please circle teeth to be treated

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