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Excellence in Endodontics with a touch of Southern Hospitality

Date: _____ Referring Doctor: _____

Patient Name: _____

Patients can log on to our secure website and conveniently complete Patient Registration, Medical History, and Pain History online prior to your appointment.

Patient Phone: _____

Please contact our office for an ID and Password.

Patient E-Mail: _____

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

Referral Request:

- Consult and Treat as Necessary
- Please call after consult/prior to treatment
- Endodontic Treatment necessary to restore
- Pulp Exposure
- Endodontic Treatment Previously Initiated
- Endodontic Retreatment
- Endodontic Surgery
- Other: _____

Existing Restorative Plans:

- Permanent restoration
- Permanent crown-- maintain existing--eval current crown
- Permanent crown planned

Requested Coronal Restoration:

- Bonded Resin
- Temporary with Cotton Pellet/Teflon tape
- Leave Post Space
- Glass Ionomer
- Other: _____