

# MONTSHIRE ENDODONTICS, PLLC

Practice Limited to Endodontics • www.montshireendo.com  
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**MIKILENA HALL DMD, MS**  
**JOSHUA GAILEY DMD, MS**

Date: \_\_\_\_\_

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Alt Phone \_\_\_\_\_

Insurance \_\_\_\_\_

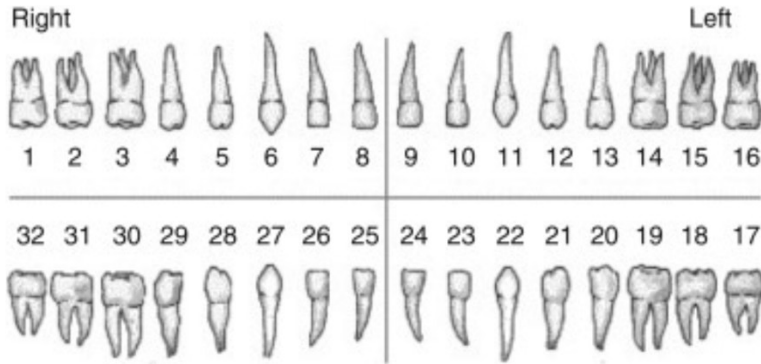
Group Number \_\_\_\_\_

Subscriber ID \_\_\_\_\_

Subscriber DOB \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_

Referred for:  Diagnosis  Treatment  CBCT Only



Symptoms:

Cold Sensitivity  Heat Sensitivity  Biting Sensitivity  Swelling

Clinical History:

Recent restoration  Pulp Cap  Pulp Exposure  Pulpal Debridement  
 Apical Radiolucency  Cracked tooth symptoms  Trauma  Resorption detected

Endodontic Access Closure Request:

Temporary Restoration  Prepare Post Space  No Orifice Barrier  
 Core Build Up  Internal Bleaching

Comments: \_\_\_\_\_

\_\_\_\_\_

If non-restorable:  Return to my office.  Refer to OMFS: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_