



ENDODONTIC ASSOCIATES OF ALASKA

DARIN N. ANDERSON, D.M.D.

PRACTICE LIMITED TO ENDODONTICS

ANCHORAGE OFFICE
800 E. Dimond Blvd. #3-600
Anchorage, Alaska 99515
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Website: www.endoalaska.com

SOLDOTNA OFFICE
44539 Sterling Hwy. Ste 208
Soldotna, Alaska 99669
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Introducing _____ for Endodontic Consideration

Patient's Phone Number (H) _____ (W) _____ (Cell) _____

Referring Dentist _____ Doctor's Tel _____ Date _____

Requested Procedures: **Evaluation #** _____ **Root Canal TX#** _____ **Retreatment #** _____ **Surgical Consult #** _____

Appointment Date _____ Time _____

PLEASE CHECK:

- Pain Swelling Sensitivity
- Pulp Exposed
- Tooth Has Been Opened
- Prior Root Canal Treatment
- Diagnostic Treatment
- Radiograph Reveals Radiolucency
- Crown / Bridge is Cemented
 - Temporarily Permanently

TREATMENT COMPLICATIONS:

- Calcified Canals
- Perforation
- Separated Instrument
- Patient Informed

RESTORE ACCESS WITH:

- Temporary Filling
- Composite
- Prepare Post Space
- Core Build Up
- Other

Comments _____



*Please send radiograph. Thank You.
24 Hour cancellation notice is greatly appreciated.*

Payment will be required at time of treatment unless prior arrangements have been made.

Specialist Member

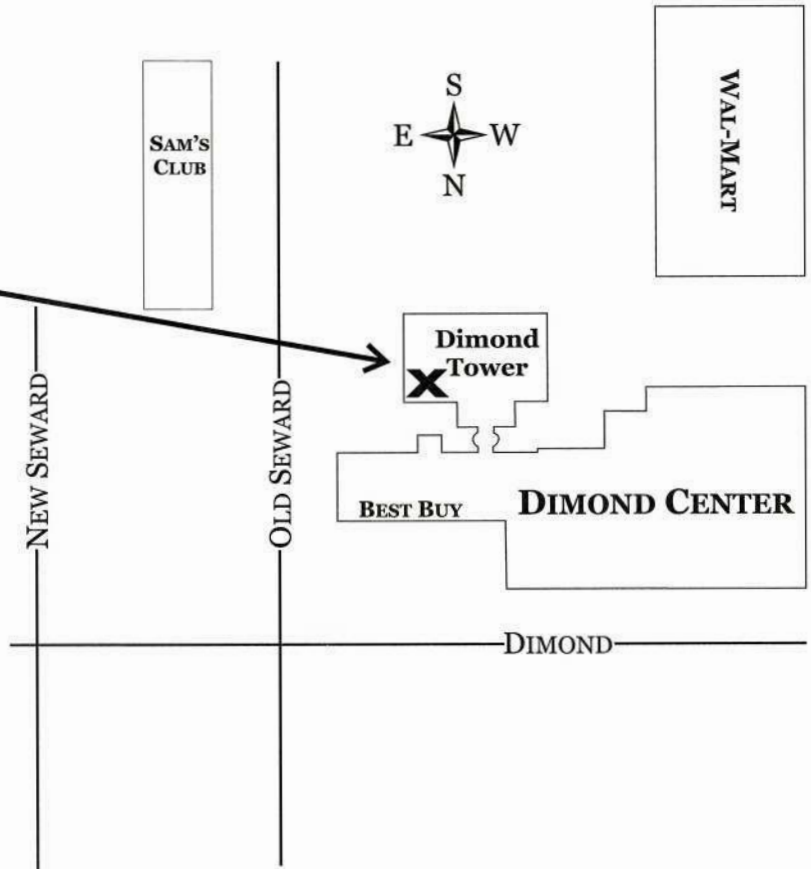
FORM EAA-001



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Directions: Enter the Dimond Center Tower through the east side by the Ice Rink. Take the elevator next to the U.S. Post Office to the 6th floor. Enter suite # 3-600.