



Endodontists

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www.TheEndodonticSpecialists.com

Introducing: _____ Phone: _____

Referred by: _____ Phone: _____

Insurance Carrier: _____ Subscriber Name: _____

Subscriber DOB: _____ Member ID: _____

Subscriber Employer: _____ Group #: _____

Please Identify Teeth To Be Treated: _____ Date: _____

RIGHT

LEFT

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

Remarks: _____

Upon treatment completion, please: *(check all that apply)*

- Place Temporary Restoration
- Complete Permanent Restoration
- Prepare Post Space
- Call Our Office
- Email Treatment Report with X-Rays
- Mail Treatment Report

Remarks: _____

* This time has been reserved for you. Kindly give us 24 hour notice for changes or cancellation for this appointment to avoid a cancellation fee.

Garland
 4880 N. President George Bush Pkwy.
 Suite 102
 Garland, TX 75040
 P: 972-496-0164
 F: 972-295-9323

Carrollton
 2840 Keller Springs Drive
 Suite 703
 Carrollton, TX 75006
 P: 214-483-3660
 F: 214-483-3577

Rockwall
 1215 Arista Drive
 Suite 101
 Rockwall, TX 75032
 P: 469-698-7668
 F: 469-208-9443

Dallas
 5925 Forest Lane
 Suite 314
 Dallas, TX 75230
 P: 972-233-9772
 F: 972-934-1617

Arlington
 1107 W. Randol Mill Rd
 Suite 101
 Arlington, TX 76012
 P: 817-277-6601
 F: 817-524-6676

Plano
 101 E. Park Blvd
 Suite 475
 Plano, TX 75074
 P: 469-626-9858
 F: 469-213-5678

Excellence in Endodontics with a gentle touch.