



Certified Specialist In Endodontics

**Endodontists**

**Dr. Yale Winestock**

Bdent., CAGS, F.R.C.D.(C)

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[www.endo-group.com](http://www.endo-group.com)

**Remarks**

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**Patient** \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Info \_\_\_\_\_

**Referred By** \_\_\_\_\_

Office # \_\_\_\_\_

Appointment Date & Time \_\_\_\_\_

**Tooth/Area Of Concern**

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
YOUR LEFT/PATIENT'S RIGHT								YOUR RIGHT/PATIENT'S LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

**Reason For Referral**

consult  consult and treat  **call to discuss**

**Tooth Status**

RCT started, please complete  
 Tooth has a post  Tooth has a temporary crown

Tooth has a fixed prosthesis

Permanent cement  Temporary cement

**After RCT**

*Restore access with permanent filling,*

amalgam  resin

restore access with temporary filling

leave post space  place post

**Choose Location**

**Coquitlam**

Unit 610-2950 Glen Drive T. (604) 464-0411  
 Coquitlam, BC F. (604) 464-0419  
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**Vancouver**

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