



AXIS

ENDODONTICS

Neil Singh, DMD, MS

Practice Limited to Endodontics

7000 W. 111th Street, Suite 101, Worth, IL 60482

O: 708-480-9636 • F: 708-550-4474

email: info@axisendo.com

Mon 9am-5pm
Tues.....10:30am-6:30pm
Wed 8am-4pm
Thur..... 9am-5pm
Fri..... 8:30am-3pm
Sat 9am-1:30pm

Date _____

Introducing _____ Patient Phone _____

Referred by Dr. _____ Office Phone _____

Tooth # _____

Please circle tooth (or teeth) to be evaluated:

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

Reason for Referral:

- Consultation
- Root Canal
- Emergency
- Retreatment
- CBCT
- Apicoectomy

Restorative Requests:

- Post Space Yes No
- Place Temporary Restoration
- Place Permanent Restoration or Core Build Up

Please check all additional information that applies:

- History of Trauma
- Pulp Exposure
- Root Canal Initiated

Please Call prior to treatment

Remarks _____





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At Axis Endodontics, HONESTY and QUALITY are our top priority. We want everyone to feel like they are FAMILY. We use the newest micro-endodontic and micro-surgical techniques to provide you with the ability to save your tooth when possible. With the focus of your health in mind, we are committed to exceed patient expectations in everything we do. With all of the new advanced technology we are now better able to make your treatment comfortable and painless.