



# LAKESHORE

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## ENDODONTICS

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This will introduce \_\_\_\_\_

For an appointment at \_\_\_\_\_ am/pm on \_\_\_\_\_

Tooth Number \_\_\_\_\_ check any that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Diagnosis/Consultation        | <input type="checkbox"/> Please make post space |
| <input type="checkbox"/> Treatment                     | <input type="checkbox"/> Patient has toothache  |
| <input type="checkbox"/> Re-treatment                  | <input type="checkbox"/> Patient has swelling   |
| <input type="checkbox"/> Post Removal Possible         | <input type="checkbox"/> Crown to be retained   |
| <input type="checkbox"/> Tooth Assessed (Vital)        | <input type="checkbox"/> Crown to be removed    |
| <input type="checkbox"/> Tooth Accessed (Non-Vital)    |   |
| <input type="checkbox"/> Patient given antibiotics     |   |
| <input type="checkbox"/> Patient given pain medication |   |
| <input type="checkbox"/> Apicoectomy                   |   |



SPECIALIST MEMBER

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by Dr: \_\_\_\_\_

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

See map on back