



Matthew S. Niemiec, D.D.S., M.S.  
Alexandra E. Smolik, D.D.S., M.S.  
825 High St.

Worthington, OH 43085

Phone: 614-436-2277 Fax: 614-436-2322  
today@ohioendo.com

Patient Name: \_\_\_\_\_ Tooth#: \_\_\_\_\_

Appointment Date/Time: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

**Findings:**

- Pain, swelling or sensitivity
- Radiograph shows periapical radiolucency
- Radiograph shows resorption
- Tooth has had previous endodontic treatment
- Pulp has been exposed

**Services Requested:**

- Evaluation – vague or unlocalized symptoms
- Evaluate for Endodontic Retreatment and/or Apicoectomy
- Endodontic Treatment
- Prepare Post Space

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Seal access with:**

- Cotton and Cavit
- Cavit ONLY
- Place Orifice Barrier

**Patients, please see reverse side for information about  
your appointment.**

## Patients, please bring the following to your appointment:

1. This referral slip & X-rays from your dentist
2. A list of all current medications you are taking and the reason for taking them
3. A photo ID
4. If you have dental insurance, please bring your DENTAL INSURANCE card with you.

Patients under the age of 18 must be accompanied by a parent or legal guardian.  
Please do not take any pain medications 8 hours prior to your appointment.

You may download Registration forms online to complete prior to your appointment at [www.ohioendo.com/patient-registration](http://www.ohioendo.com/patient-registration)

Microsurgical Endodontics  
825 High St.  
Worthington, OH 43085

The entrance to our office is the South Entrance that faces Stafford Ave.

