



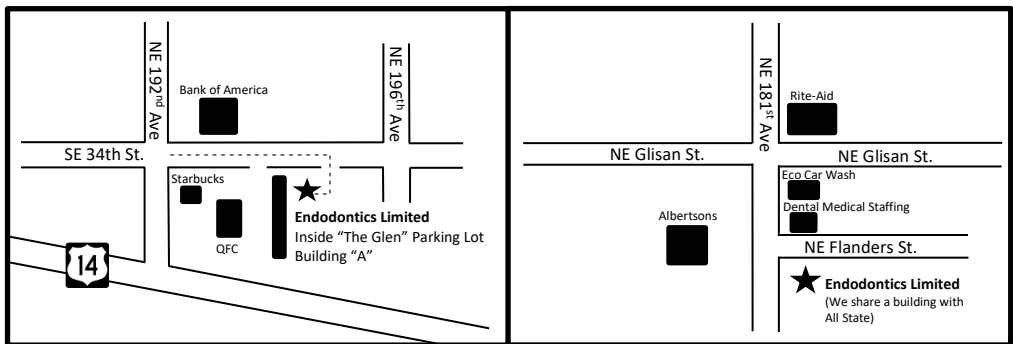
## Welcome to our practice!

Please call our office to schedule an examination appointment. An initial examination is necessary to review your medical history, diagnose your condition, determine your treatment and outline the fees for our professional services.

At the time of your exam, please bring any recent x-rays of the area to be treated, a list of medications you are taking and insurance information. You may choose to have your doctor e-mail the x-rays to our office prior to your appointment.

Minors: (anyone under age 18) must be accompanied by a parent your legal guardian at the time of the examination and treatment.

**We look forward to meeting you!**



Camas

Gresham



# ENDODONTICS LIMITED

Dr. Steven Elkhai DMD  
*Practice Limited to Endodontics*

Today's Date \_\_\_\_\_ Appointment Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Phone # \_\_\_\_\_

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

Practice Name \_\_\_\_\_

For Endodontic Consideration on:

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

## Referred For:

- ☐ Root Canal Treatment
- ☐ Root Canal Retreatment
- ☐ Apicoectomy/Retrograde filling
- ☐ Consultation/Diagnosis only

## Post Treatment:

- ☐ Temporary Restoration
- ☐ Drifice Barrier
- ☐ Build-up with Composite
- ☐ Post & Core Build-up

Remarks: \_\_\_\_\_

☐ Gresham Location  
338 NE 18<sup>th</sup> Ave  
Portland, OR 97230  
P 503.339.0019

☐ Camas Location  
19301 SE 34<sup>th</sup> St Ste. 100  
Camas, WA 98607  
P 360.844.5206

Email: [office@endodonticslimitednw.com](mailto:office@endodonticslimitednw.com)

[www.endodonticslimitednw.com](http://www.endodonticslimitednw.com)

F 503.946.3017