



Fourth Ave Endodontics

Dr. Scott Loomis DMD | MSD | CERT. (ENDO)

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Referral date	Telephone
Introducing	Appointment time
Appointment date	

TOOTH AREA OF CONCERN															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

- Consult only
- Consult & treatment
- Prophylactic root canal treatment
- Retreatment
- Trauma
- Surgery
- CBCT Imaging
- Please call to discuss

REMARKS

TREATMENT REQUESTS

- Please leave post space
- Please restore the access
 - Temporary
 - Permanent

Referring Dr _____

Telephone _____

RADIOGRAPHS

Mail Email Patient N/A



Appointment time is reserved for you. Please be aware that 48 hours notice is required to reschedule your appointment to avoid a cancellation fee. All appointments must be confirmed.