



**BUCKEYE**  
ENDODONTICS

**Gregory S. Simpson DMD**

1301 DUBLIN ROAD, SUITE 101 P: 614-488-3333  
COLUMBUS, OHIO 43215 F: 614-488-3677

[WWW.BUCKEYEENDO.COM](http://WWW.BUCKEYEENDO.COM)

DATE:

DATE OF APPOINTMENT:

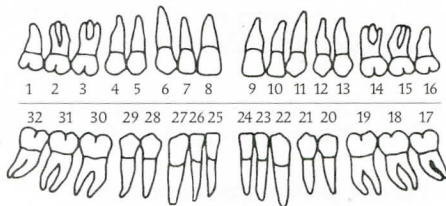
REFERRING DENTIST:

TIME OF APPOINTMENT:

OFFICE PHONE NUMBER:

INTRODUCING:

FOR ENDODONTIC CONSIDERATION ON:



**PLEASE CHECK ALL THAT APPLY:**

- Please evaluate and treat Patient having:
  - Pain
  - Pain that is difficult to isolate
  - Swelling
  - Sensitivity to hot/cold
  - Biting discomfort
- Endodontics necessary for proper restoration
- Tooth has already been opened
- Tooth has already had a root canal
- Please prepare a post space

- Perforation/resorption repair
  - Radiograph reveals pathology
- Rx:

Additional comments:

---



---



---



**BUCKEYE**  
ENDODONTICS

**Gregory S. Simpson DMD**

1301 DUBLIN ROAD, SUITE 101 P: 614-488-3333  
COLUMBUS, OHIO 43215 F: 614-488-3677

[WWW.BUCKEYEENDO.COM](http://WWW.BUCKEYEENDO.COM)

- Please call 614-488-3333 to schedule an appointment.
- It may be necessary for us to take additional x-rays for comparison.
- Should you need to cancel your appointment for any reason, please give us 24 hour notice.
- Fees are payable upon completion of treatment.
- More information is also available at [www.buckeyeendo.com](http://www.buckeyeendo.com).

