



Endodontic Services, Inc.

ENDODONTIC SERVICES

Specialists In
Root Canal Therapy

Scott E. Risser, D.D.S., M.S.D.

<https://www.endodonticservicesinc.com>

APPOINTMENT INFORMATION: Our office kindly asks any patients with access to complete our online pre-registration forms at our website <https://www.endodonticservicesinc.com>.

This will help save you 15-20 minutes of "in office" time and allow doctors and staff to review the information prior to your appointment. If needing to cancel or reschedule, we ask each patient give our office 24 hours' notice.

Appt. Date: _____ Day: _____ Time: _____

Patient's Name _____

Patient's Telephone: _____

Referred by: _____

Referred by Phone #: _____

☐ Patient will Schedule ☐ Your Office will schedule

PREFERENCES (please complete)

☐ Examination and Diagnosis Only

☐ Examination, Diagnosis and Treatment

South Bend Office
225 N. Notre Dame Ave., Ste. 2
South Bend, IN 46617
Office (574) 232-5866
Fax (574) 287-8891

Elkhart Office
117 S. Nappanee
Elkhart, IN 46514
Office (574) 295-7342
Fax (574) 522-9229

REFERRED FOR THE FOLLOWING:

- ☐ Cone Beam CT Scan
- ☐ Patient has Discomfort
- ☐ Please Evaluate Teeth# _____
- ☐ Please Endodontically Treat # _____
- ☐ Apicoectomy Retrofilling
- ☐ Post Space Required ☐ Yes ☐ No
- ☐ Reduce Occlusion
- ☐ Pulp Exposed
- ☐ Tooth is Open for Drainage
- ☐ Radiographic Findings Present
- ☐ Other _____



Endodontic Services, Inc.

ENDODONTIC SERVICES

Specialists In
Root Canal Therapy

Scott E. Risser, D.D.S., M.S.D.

<https://www.endodonticservicesinc.com>

APPOINTMENT INFORMATION: Our office kindly asks any patients with access to complete our online pre-registration forms at our website <https://www.endodonticservicesinc.com>.

This will help save you 15-20 minutes of "in office" time and allow doctors and staff to review the information prior to your appointment. If needing to cancel or reschedule, we ask each patient give our office 24 hours' notice.

Appt. Date: _____ Day: _____ Time: _____

Patient's Name _____

Patient's Telephone: _____

Referred by: _____

Referred by Phone #: _____

☐ Patient will Schedule ☐ Your Office will schedule

PREFERENCES (please complete)

☐ Examination and Diagnosis Only

☐ Examination, Diagnosis and Treatment

South Bend Office
225 N. Notre Dame Ave., Ste. 2
South Bend, IN 46617
Office (574) 232-5866
Fax (574) 287-8891

Elkhart Office
117 S. Nappanee
Elkhart, IN 46514
Office (574) 295-7342
Fax (574) 522-9229

REFERRED FOR THE FOLLOWING:

- ☐ Cone Beam CT Scan
- ☐ Patient has Discomfort
- ☐ Please Evaluate Teeth# _____
- ☐ Please Endodontically Treat # _____
- ☐ Apicoectomy Retrofilling
- ☐ Post Space Required ☐ Yes ☐ No
- ☐ Reduce Occlusion
- ☐ Pulp Exposed
- ☐ Tooth is Open for Drainage
- ☐ Radiographic Findings Present
- ☐ Other _____

R

Molars			Bicuspid		Anteriors					Bicuspid			Molars		
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

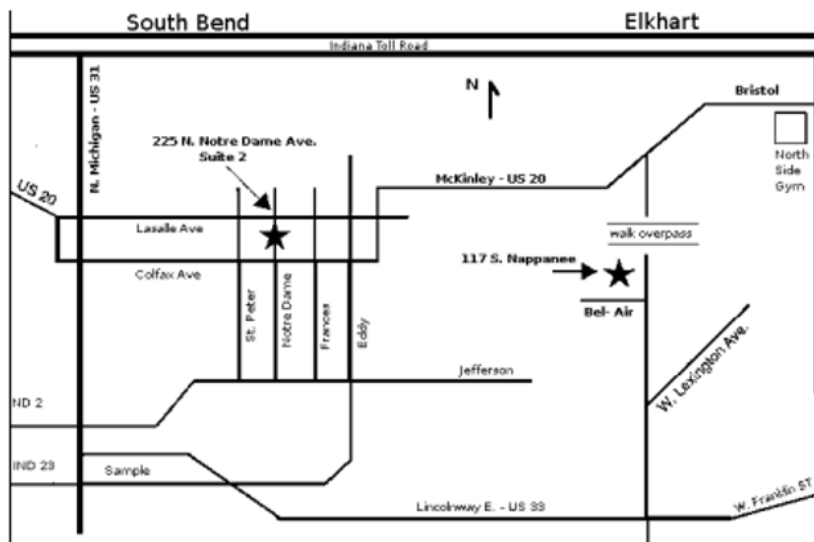
L

WELCOME TO OUR OFFICE

We Provide comprehensive patient care in all phases of non-surgical and surgical endodontics. Endodontics, or "root canal therapy", is one of the dental specialties recognized by the American Dental Association and is the only type of treatment we perform. You have been referred to our office because your dentist believes your present condition requires the services of an endodontic specialist.

What is an Endodontist?

An endodontist is a dentist with advanced training of the diseased, damaged pulp, or soft inner tissues of your teeth. Endodontists spend at least two years after dental school training to become specialists in the techniques and procedures involved in diagnosing and treating dental problems that originate inside your teeth. In practice they only perform endodontic procedures and therefore have extensive experience in this area.



R

Molars			Bicuspid		Anteriors						Bicuspid		Molars		
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

L

WELCOME TO OUR OFFICE

We Provide comprehensive patient care in all phases of non-surgical and surgical endodontics. Endodontics, or "root canal therapy", is one of the dental specialties recognized by the American Dental Association and is the only type of treatment we perform. You have been referred to our office because your dentist believes your present condition requires the services of an endodontic specialist.

What is an Endodontist?

An endodontist is a dentist with advanced training of the diseased, damaged pulp, or soft inner tissues of your teeth. Endodontists spend at least two years after dental school training to become specialists in the techniques and procedures involved in diagnosing and treating dental problems that originate inside your teeth. In practice they only perform endodontic procedures and therefore have extensive experience in this area.

