Please read the following guidelines carefully prior to your visit at our office.

1. Most treatment at our office is completed in one visit.
2. Payment in full is due at the time of service for patients without dental insurance.
3. We are providers for most Delta Dental and United Concordia insurance plans. You will be informed of the out of pocket estimate due on the day of service.
4. If you have dental insurance other than those listed above, we generally require payment in full at the time of your visit and your insurance company will reimburse you directly.
5. We accept Care Credit.

*** If a patient presents without appropriate payment, unfortunately we will not render treatment at that visit.

Taylor Endodontics P.C.

JAY K. TAYLOR D.D.S.

2910 S. University Drive • Fargo, ND 58103

Phone: (701) 212-1206 • (800) 374-Endo (3636) • Fax (701) 280-2614

www.TaylorEndodontics.com • Office@TaylorEndodontics.com

Date_____/20 _____

Introducing:_____for endodontic evaluation and treatment.

Appointment Scheduled: _____ If so, date _____

Patient's Phone:_____

Remarks:_____

_____

_____

_____

Referred by Dr. _____

_____

Tooth number(s): _____

Previous clinical findings:

- ❑ Pulp was exposed and vital
- ❑ Pulp was exposed and nonvital
- ❑ Radiograph revealed rarefaction
- ❑ Tooth has been opened. Date: _____
- ❑ Restoration was placed on: _____
- ❑ Previous RCT was performed on:_____
- ❑ Patient has vague toothache, evaluate.
- ❑ Other:_____

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JAY K. TAYLOR, D.D.S. *Diplomate, American Board of Endodontics*

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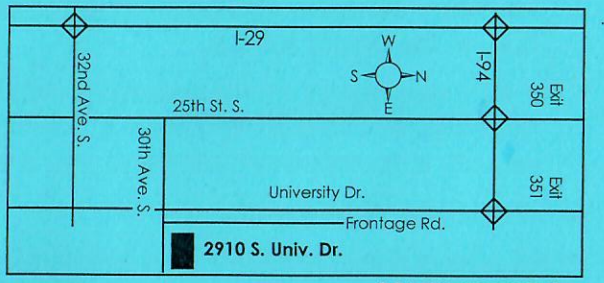
You have an appointment for root canal at Taylor Endodontics at the Fargo Office

at_____am/pm

on_____

2910 S. University Drive
Fargo, ND 58103



(OVER PLEASE)