



Matthew P. Godfrey, D.D.S., F.R.C.D.(C)

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Suite #323, 11420 27th St. SE - Calgary, Alberta - T2Z 3R6

Date: _____ 20 ____

Patient's Name: _____

Referred by Dr. : _____ Patient's Ph#: _____

Patient's Email: _____

Tooth Number:

R	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	L
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	

(circle teeth for endodontic consideration)

Reason(s) for visit:

- ☐ Consultation only
- ☐ Consultation & treat
- ☐ Previously accessed
- ☐ Endodontic retreatment
- ☐ Surgical endodontic treatment
- ☐ Treatment indicated for restorative needs

Additional Consideration(s):

- ☐ Pre med needed
- ☐ Sinus tract present
- ☐ Carious pulpal exposure
- ☐ Perforation repair
- ☐ Separated instrument retrieval
- ☐ Non-vital internal bleaching
- ☐ Please call me about this case

Preferred Restoration:

- ☐ Temporary restoration
- ☐ Final restoration
- ☐ Prepare post space in _____ canal

NOTE: If possible, radiographs are appreciated in advance by email to facilitate scheduling & treatment planning. Thank you!

Comments: _____

(Please give this portion of the form to patient)



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Appointment: _____ 20 ____

Time: ____ : ____ AM /PM

Tooth# : _____

(To find us see back for map)

Instructions for Patients:

- Please contact our office for an ID & password in order to visit our secure website & complete patient registration, medical history & pain history prior to appointment.
- If you have dental insurance, please bring your insurance card with you.
- Fees are due at time of service.
- All minors (under 17) must be accompanied by a parent or legal guardian.
- If you have any questions, please contact our office prior to your appointment.