

Valley Endodontics, P.C.
Jeffrey J. Dwan, D.D.S., M.S.
Practice Limited to Endodontics



Member
American Association of
Endodontists

Center Road Professional Bldg. • 595 N. Center Road • Suite 5 • Saginaw, Michigan 48638 • Fax (989) 790-3635 • Phone (989) 790-ENDO (3636)

Referring Dr. _____

Pt. Name _____

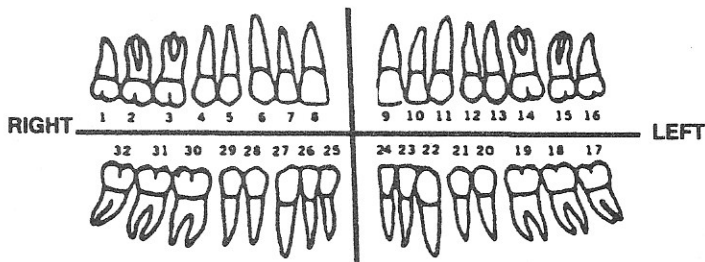
TO BE FILLED IN BY DENTIST

A root canal is necessary due to: (circle one)

- decay.
- deep existing restoration with localized pain.
- swelling/radiolucency.
- fracture/crack.
- exposed pulp.
- restorative.
- other _____

Not sure if root canal therapy is indicated. Please evaluate and schedule any necessary treatment. (non localized pain)

Post preparation indicated



OFFICE COPY

PATIENT COPY

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Your Appointment Date: _____ Time: _____

Welcome to Valley Endodontics! Our office is dedicated to providing you with a positive experience with regard to your endodontic treatment. Please feel free to address any questions or concerns at any time with our staff or Dr. Dwan.

When scheduling your appointment: Please provide all dental insurance information. As a courtesy, we will contact your insurance provider prior to your appointment to determine your coverage and obtain your expected co-payment. Keep in mind this is an "estimate" and may need to be altered if benefits paid do not match the amount expected. Payment is due at time of service.

- Payment Options:**
- Cash, Check, Debit Cards, Credit Cards (Visa/Mastercard/Amex/Discover)
- OR**
- Monthly Payment Plans from Care Credit Healthcare Credit Card
 - Allows you to pay over time
 - No annual fees or pre-payment penalties
 - Apply on-line at www.carecredit.com or in our office

Dr. Dwan strives to be very punctual, as both your time and his are valuable. We thank you for being here on or before your appointed time. Dr. Dwan will complete a report the day of treatment and forward it to your dentist. We look forward to seeing you and assisting with your dental needs.

Dr. Dwan and the staff at Valley Endodontics, PC