



HANSON ENDODONTICS

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BOARD CERTIFIED

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- Please:**
- ☐ Eval/Treatment as needed
 - ☐ Evaluate for Retx/Surgery
 - ☐ Evaluate only
 - ☐ Perform Crown Lengthening
 - ☐ Determine Restorability and Prognosis
 - ☐ Other: _____

After Endodontic Treatment, please:

- ☐ Place temporary Restoration
- ☐ Place Core Build-up using:
 - ☐ Amalgam
 - ☐ Composite
- ☐ Leave Post space
- ☐ Other: _____

Date: _____, 20____

Patient Name: _____

Patient Contact #: _____ DOB: _____

Referred by Dr. _____ Tooth: _____

Patient is scheduled, Day _____ Date _____, 20____ Time _____

- ☐ Patient will call to be scheduled ☐ Please call the patient to schedule

- ☐ Patient would like to be considered for Sedation and Anxiety control using:

- ☐ Nitrous Oxide
- ☐ Oral Sedation

Comments: _____

Patient Copy

Radiographs not necessary