



DOWNTOWN  
HAMILTON  
ENDODONTICS

☐ Dr. Jose A. Da Costa  
B.Sc., D.D.S., M.Sc., F.R.C.D.(C)

☐ Dr. Diogo Inacio Pereira Guerreiro  
D.D.S., M.Sc., F.R.C.D.(C)

105 Main Street East, Suite 1502 Hamilton ON L8N 1G6  
(905) 527- 6655 | www.hamiltonendodontics.com  
admin@downtownhamiltonendodontics.com

REFERRING DR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF REFERRAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RIGHT	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	LEFT
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

PLEASE COMPLETE ALL THAT APPLY

TENTATIVE DIAGNOSIS: \_\_\_\_\_

☐ PATIENT HAS DISCOMFORT / PAIN

☐ MEDICAL HISTORY: \_\_\_\_\_

☐ TRAUMATIC INJURY: \_\_\_\_\_

☐ ENDO TX INITIATED

☐ PROPHYLACTIC ENDO TREATMENT REQUIRED

☐ PULP EXPOSED

☐ BRIDGE / CROWN (TEMPORARY / PERMANENT?)

☐ RECENT DENTAL TREATMENT: \_\_\_\_\_

☐ POST SPACE REQUIRED

IN WHICH CANAL? \_\_\_\_\_

☐ PREVIOUS ROOT CANAL TREATMENT

☐ X-RAY: ENCLOSED / EMAILED

HOW LONG AGO? \_\_\_\_\_

☐ SEDATION REQUIRED: NITROUS / ORAL

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complementary Parking**

A private parking lot is located  
East of our building (135 Main St. E.).

Park your car, **DO NOT PAY**

Come up to our office and give the  
administrative staff your license plate number.

