

**MILLENNIUM ENDODONTICS**  
**Nader Gill, D.M.D., M.S., LTD.**  
**5445 W. Grand Ave. Suite 204**  
**Gurnee, IL 60031**  
**(847) 263-7668**

Date: \_\_\_\_\_

Introducing \_\_\_\_\_  
 for endodontic consideration  
 Remarks: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_  
 Patient will be returned to referring dentist for final restoration

	MOLARS			BICUS PIDS			ANTERIORS			BICUS PIDS			MOLARS				
RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Upper
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT
																	Lower

(CIRCLE TEETH FOR ENDODONTIC CONSIDERATION)

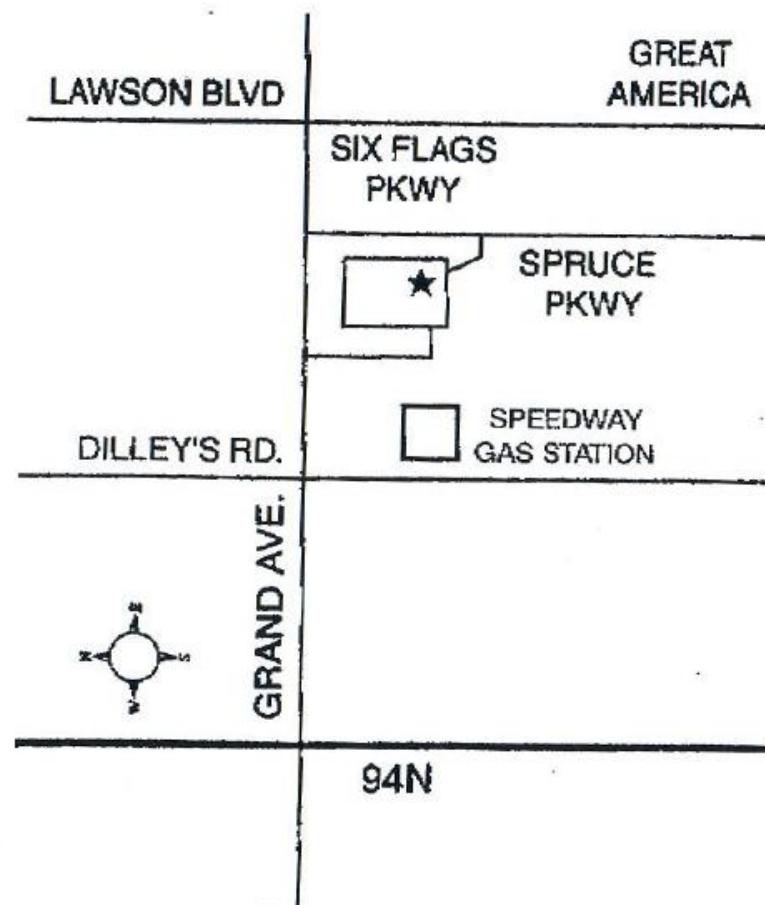
Post Room Required? Yes No

**TO BE FILLED BY DOCTOR**

- ☐ Endodontic therapy is necessary for proper restoration.
- ☐ Pulp was exposed and treatment is necessary.
- ☐ Pulpectomy was performed.
- ☐ X-ray revealed need to evaluate.
- ☐ Patient has vague toothache, please evaluate for possible treatment.
- ☐ Patient has pain, swelling or sensitivity, please evaluate.
- Other \_\_\_\_\_

**INSTRUCTIONS TO PATIENT**

1. Please call (847) 263-7668 for appointment information.
2. Minors should be accompanied by parent or guardian.
3. Endodontic therapy may be completed in one or more appointments.
4. Fees are payable during or upon completion of therapy.
5. If you have dental insurance coverage, please bring your insurance claim form with you.



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