



**MATT GEBHARDT, DDS MS, PC**  
*Practice Limited to Endodontics*

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

Introducing: \_\_\_\_\_

Referring Dentist: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please circle the teeth or area that may need treatment.

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

Root Canal Therapy as indicated

Prepare post space

Place class 1 restoration

Retreatment case

Canals appear blocked

Open apex case

Bleach

Other: \_\_\_\_\_

Surgical Endodontics

Apicoectomy & retrofill

Root amputation, hemisection, bicuspidization

Perforation repair

Trauma—fracture, avulsion, replant, splint

Examination, Diagnosis, Consultation

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office: 541 776-7640 • Fax: 541 776-7630  
831 Alder Creek Dr. • Medford, OR 97504  
[www.MedfordEndo.com](http://www.MedfordEndo.com)



**MATT GEBHARDT, DDS MS, PC**  
*Practice Limited to Endodontics*

**Instructions to Patients:**

1. Please call (541) 776-7640 to arrange your first appointment, if not appointed yet.
2. Minors must be accompanied by a parent or guardian.
3. Endodontic therapy is usually completed in one to two appointments. Each appointment is approximately 1-2 hours.
4. Fees are payable at the completion of your first appointment.
5. Please bring this form with you to the appointment.

**For additional information visit [www.MedfordEndo.com](http://www.MedfordEndo.com)**

