



**QUINNIPIAC ENDODONTIC**  
New Britain, PLLC.

**Dr. Rekha Pawar, DDS, MDS**

Board Certified Endodontist

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Introducing Patient: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Doctor: \_\_\_\_\_ Please Call Patient ☐ Patient Will Call For Appointment ☐

**Tooth # or area to be treated:** \_\_\_\_\_

**Service(s) Desired:**

☐ Treatment ☐ Consultation

**Current Status:**

- ☐ Pulp Exposure  
☐ Pulpal diagnosis: \_\_\_\_\_ Irreversible Pulpitis \_\_\_\_\_ Necrotic pulp  
☐ Emergency Treatment Rendered: \_\_\_\_\_ Pulpotomy \_\_\_\_\_ Pulpectomy  
☐ Restoration Cemented: \_\_\_\_\_ Temporary \_\_\_\_\_ Permanent  
☐ Final Impression Taken

**Please Provide:**

- ☐ Post Preparation in \_\_\_\_\_ Canal  
☐ Call My Office Before Beginning Treatment  
☐ Pre-med Required  
☐ N<sup>2</sup>O Sedation

**Management, Medical or Treatment concerns**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Insurance Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Member ID/Group #: \_\_\_\_\_

Please advise patient not to take pain relief medication the day of appointment.

Please mail or email this form to the office.

**Please Circle Teeth / Area To Be Treated**

