

DR. ELAINE LAM INC.
DR. PARISA FARMAND INC.

Certified Root Canal Specialists

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Date	Patient phone # Dr. phone # Appointment time sa Farmand
Tooth/Area of Concern	Tooth Status
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8	Patient has vague pain Root canal treatment started Tooth has post Tooth has fixed prosthesis
Referral Request	☐ Temporarily cemented ☐ Permanently cemented
 ☐ Consult only ☐ Consult and treat ☐ Patient needs emergency treatment ☐ Prophylactic root canal treatment required ☐ Retreatment ☐ Surgery ☐ Trauma 	Treatment Requests
☐ Please call me to discuss	
Remarks:	

At Precision Endodontics, we respect that our patients' time is valuable. For your convenience, we are pleased to offer the ability to complete the Patient Registration, Medical history, and Pain History online in advance of your appointment. To take advantage of this, please contact our office for your ID and password to log on to our secure website.