



Agincourt Endodontics

Dr. Annie Shrestha, BDS, MSc (Endo), PhD, FRC(D)C

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Website: www.aginendo.com

Appt. Date/Time _____

Date of Referral _____

Patient Name: _____

Referred by Dr. _____

DOB (DD-MM-YY): _____

Telephone: _____ Fax: _____

Telephone: _____

Address: _____

Address: _____

For evaluation of tooth/teeth #

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

History: Symptoms _____

Suspected fracture

Endodontic treatment initiated

Trauma

Previous RCT

Pulp exposure

Periapical radiolucency

Treatment Request:

Consultation only

Root canal therapy as indicated

Endodontic surgery

Other _____

Post-Operative Instruction:

Prepare post space

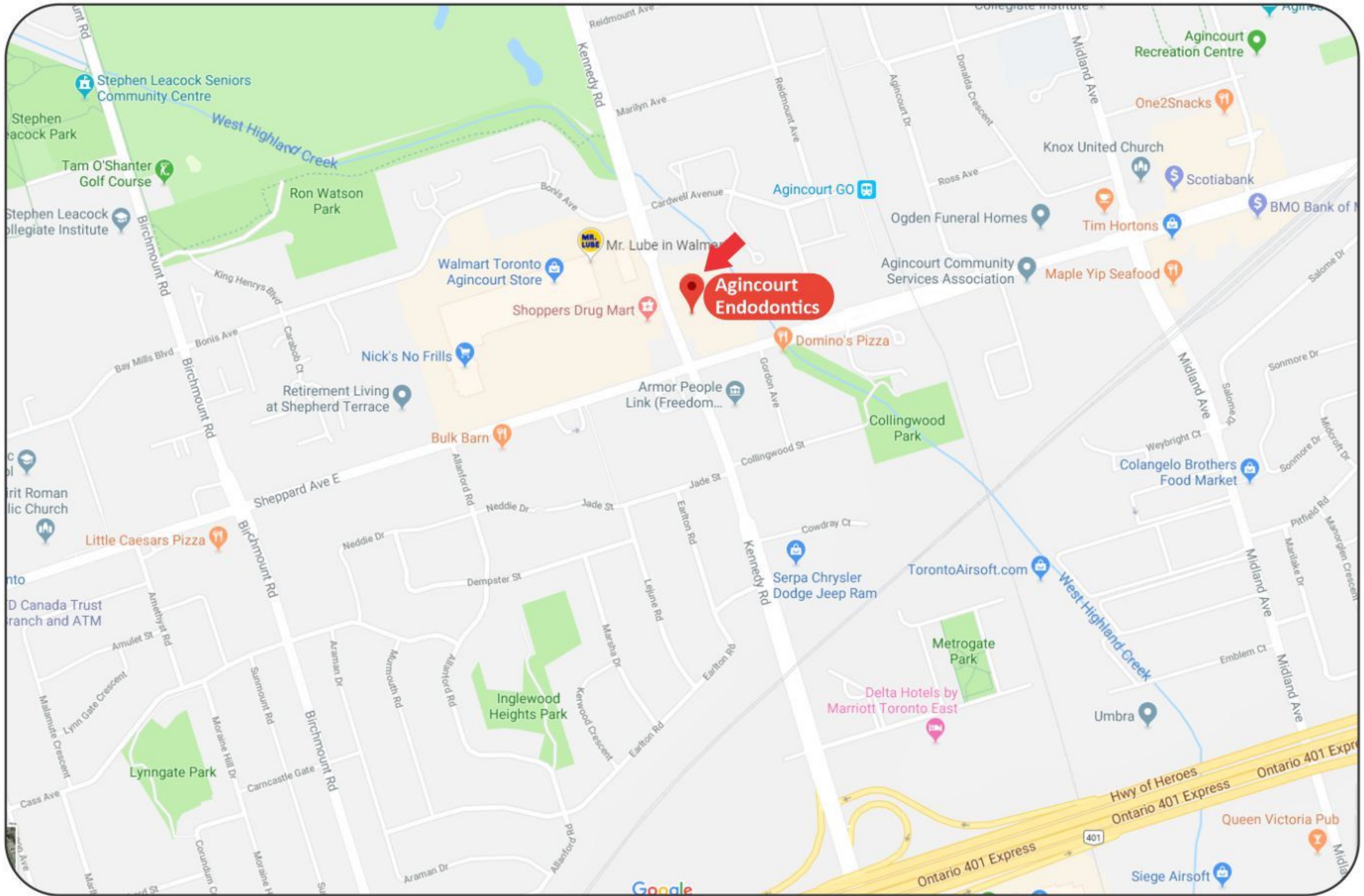
Restore access with composite

Core build-up

Comments: _____

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> Address

2347 Kennedy Road, Suite #302
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> Phone

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> Directions & Map

We are located at the **North East** corner of Kennedy Rd. and Sheppard Ave. E. in a Professional building beside **IVF Canada**

Free parking is available in the parkade.