



# NorthernPlains

ENDODONTICS

OFFICE: 605.961.9092  
FAX: 605.961.9093  
Zachary Goettsche, DDS

Patient Name \_\_\_\_\_

Patient Phone \_\_\_\_\_

DOB \_\_\_\_\_

Appointment Date \_\_\_\_\_

Time \_\_\_\_\_

Referred by: Dr. \_\_\_\_\_

Office Phone \_\_\_\_\_

- Call patient     Patient will call     Consult only     Treatment necessary



Remarks: \_\_\_\_\_

\* \_\_\_\_\_

Email all recent radiographs associated with the tooth to: [office@northernplainsendo.com](mailto:office@northernplainsendo.com).

Please indicate a restorative directive: \_\_\_\_\_

TEMPORARY ONLY

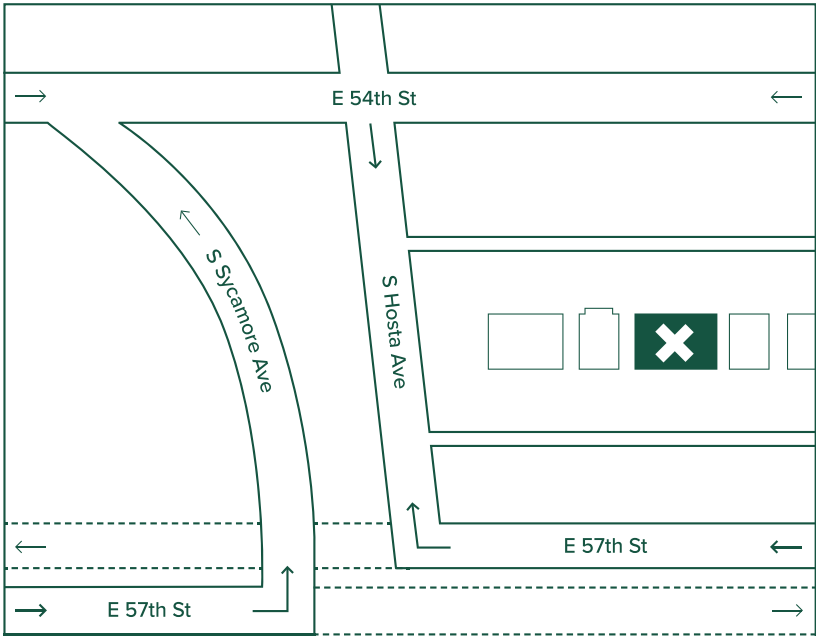
- Cotton/Cavit  
 Cotton/Glass Ionomer  
 Leave post Space



PERMANENT ACCESS FILL

- Alloy  
 Composite  
 Post and Core  
 Endodontist's Discretion

**Medication note:** Patients who require antibiotic prophylaxis before dental treatment need to take their antibiotics 1 hour prior to their endodontic appointment. **Minors:** Patients under 18 years of age must be accompanied by a parent or legal guardian. **Insurance note:** Patients will be asked to pay their estimate at the time of service. Please call Northern Plains Endodontics prior to the appointment if there are any questions regarding the estimate.

Date \_\_\_\_\_



EAST BOUND 		ADDRESS
<p>Turn Left on S Sycamore Ave.            Turn Right on 54th St.            Turn Right on S Hosta Ave.</p> <p>Cars traveling East will not be able to turn Left onto Hosta Ave.</p>		<p>4824 East 57th Street            Sioux Falls, South Dakota 57108</p> <p>OFFICE: 605.961.9092            FAX: 605.961.9093</p>