



Harkrider Endodontics

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Diplomate, American Board of
Endodontics

☐ **Pardis S. Azar, DDS**

Patient Information:

Name: _____

DOB: _____

Address: _____

City/St/Zip: _____

Phone Number: _____

Email Address: _____

Insurance Information:

Carrier Name: _____

Subscriber Name/DOB: _____

Member ID: _____

Subscriber: _____

Group #: _____

Employer: _____

Referring Doctor: _____

Date: _____

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

Patient Referred for the Following:

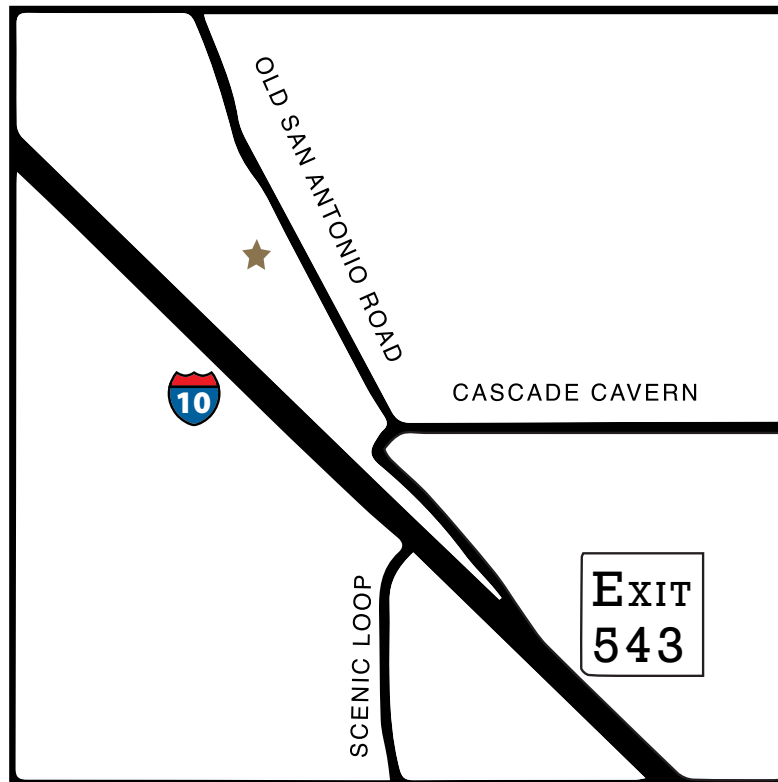
- ☐ Root Canal Therapy
- ☐ Diagnosis
- ☐ Retreatment
- ☐ Endodontic Surgery

When Treatment is Complete

- ☐ RESTORE ACCESS OPENING AS NEEDED
- ☐ PREPARE POST SPACE
- ☐ PLACE TEMPORARY RESTORATION
- ☐ PLACE POST/BUILDUP AS NEEDED

COMMENTS:

- ❑ **138 Old San Antonio Road, Suite 501**
Boerne, Texas 78006



- ❑ **172 Creekside Park, Suite 102**
Spring Branch, Texas 78070

