

Michael J. Kubelka, DDS, M-Endodontist

4606 E 67th St, Suite 201, Tulsa, OK 74136

Ph: 918-494-4144 Fax: 918-494-4188

kubelkaendodontics@gmail.com

kubelkaendodontics.com

Patient _____ Phone # _____ DOB: _____

Tooth # _____ Referred by Dr. _____ Office # _____

Tooth Symptoms: ☐ Temperature ☐ Biting ☐ Spontaneous ☐ Lingering

Recommendations: _____

Fracture suspected? Y or N Perio Probing depths? Y or N If yes _____ mm?

Does the patient want one of the following: ☐ Nitrous ☐ Oral Sedation ☐ IV Sedation

Restore access opening with: ☐ Temporary ☐ Build Up ☐ Crown Repair

Your appointment has been scheduled for: Date _____ & Time _____

Insurance information:

Carrier _____ Subscriber Name /DOB (if different) _____

ID # _____ Group # _____

***In order to better serve your patient, please fax or email a copy prior to giving it to your patient.
Please include radiographs pertaining to the tooth/teeth in question. Thank you.***