



Lake Washington
Endodontics

(425) 326-7046

11800 NE 128th St. Ste. 540
Kirkland, WA 98034

Dr. Gavin Convey DDS

info@lakewashingtonendo.com

Patient Name: _____

Phone Number: _____

Appointment Date: _____ **Time:** _____

Referring Doctor: _____ **Phone:** _____

Tooth / Area of concern

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

- Referred For:**
- Root Canal Treatment
 - Root Canal Retreatment
 - Surgical Endodontics
 - CBCT w/ Exam
 - CBCT w/o Exam
 - Consultation: _____
 - Other: _____

Additional Info / Requests:

To expedite your appointment, please contact
our office for online registration. Thanks.

www.LakeWashingtonEndo.com