

Foundation Endodontics Michael Lewis DMD (# 5893) 401 Hackensack Ave Suite #102 Hackensack NJ 07601

Phone/Text (201) 836-8000 Fax (201) 591-7981 Email: foundendo@gmail.com Website: FoundEndo.com



Step 1: Call us to book an appointment. Please be prepared to provide your *dental* insurance (Don't give medical insurance, it's not applicable.) We will need the following insurance information:

- · Insurance carrier
- · Ins. ID#
- Ins group #
- Ins phone # (for providers)
- Primary ins subscriber name (primary may be a spouse or parent)
- · Primary ins subscriber date of birth
- Name of the employer who sponsored insurance (privately purchased plans/ union plans/ state sponsored plans are other possible options.)

Step 2: Register online at <u>FoundEndo.com</u> The registration tab is at the top left of our website. We advise using a PC to register and not a mobile device. <u>Please register ASAP, preferably immediately after calling.</u> Providing us with your Insurance and registration well in advance of your appointment allows us to:

- Prepare good faith estimates on copayments. (This minimizes the money due on day of service.)
- Provide single visit endodontics. (Exam AND treatment completed in a single 60 minute appointment.)

Step 3: We will text/call seeking active confirmation of appointment 24-48 hours prior. This is not merely a reminder. If we do not get a response back, some of your reserved time may be given to another patient.

Directions: Take route 4 and exit at Hackensack Ave heading north. Building will be on left. Parking is available in the rear and side of the building. Our building (#401) is the one closest to route 4. **Please enter office via our dedicated steret level entrance in the rear, (pictured above) not via the main lobby.**

Pt Name:Referred by:																
Ple	Please evaluate and treat if needed (default)Evaluate only															
	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
Primar	y reas	son f	or re	ferra	<u>al:</u>											
Pt in pain Thermal sensitivity Pain to biting Pain to palpation/Swollen																
A PARL or epulis has developed.																
Internal / External resorption																
A crack is present/ suspected. Evaluate depth of fracture & assess restorability																
Prophylactic endo requested for restorative: Complete RCT irrespective of pulp testing.																
RCT initiated in our office & referred out for completion.																
Routine pulpotomyCalcified / can't reach apexSep file/perf**																
Supplemental information on referral:																
History of vague, poorly localized pain - unable to establish source / etiology of pain.																
post nasal drip/ chronic sinus congestion - eval for dental etiology / MSEO.																
Guarded endo or resto prognosis/2nd opinion request/ apico consult**																
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Post space and restorative instructions:																
Post space/ restorative at endodontist's discretion. (90% of cases will be cotton / cavit) Leave post space Restore with cotton and Cavit																
	-	-											d Cav	/1t		
No	post	space	e						Resto	re w/	comp	osite				
For	mord	ad r	roan:	ocic	0000	a on1	*	10000	con 1	ime	van to	forms	ا مسلما	@ ~~~	.:1	fa D
	**For guarded prognosis cases only: please send images to foundendo@gmail.com for Dr Lewis to evaluate /screen in advance. (There is no need to send xrays for routine cases.)															
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