

DR. TOM SHACKLETON, DDS, MS

## General Dentist Practice Limited to Endodontics, TMJ Pain & Oral Medicine

Patient Name  Home Phone		Phone  Date of Birth  Cell Phone					
				Email			
				Reason For Referral			
□ Endodontic Assessment Tooth # □ Periapical radioluscency □ Root canal treatment □ Root canal re-treatment □ Apical surgery □ Post/File removal □ Post space □ Tooth has been opened □ Other	☐ TMJ Assessment ☐ Muscle Pain ☐ Joint Clicking ☐ Headaches ☐ Pain of unkno ☐ Atypical facia ☐ Botox ☐ Other	own origin	□ Oral Medicine Assessment □ Biospy □ Mucocele treatment □ Burning mouth □ Unknown oral lesion □ Trigeminal nerve pain □ Oral thrush □ Other				

\*Please send most recent PA and/or Pan\*
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