

# TS

## ORAL HEALTH

DR. TOM SHACKLETON, DDS, MS

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

Referring Doctor

Phone

Patient Name

Date of Birth

Home Phone

Cell Phone

Email

#### Reason For Referral

Endodontic Assessment Tooth

# \_\_\_\_\_

- Periapical radiolucency
- 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 unknown origin
- Atypical facial pain
- Botox
- Other

Oral Medicine Assessment

- Biopsy
- 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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