



ORAL HEALTH

DR. TOM SHACKLETON, DDS, MS

General Dentist

Practice Limited to Endodontics, TMJ Pain & Oral Medicine

DOCTOR INFORMATION

Clinic Name

Clinic Phone Number

Referring Doctor

PATIENT INFORMATION

Patient Date of Birth

Patient Name

Patient Home Phone

Patient Cell Phone

Patient Email

REASON FOR REFERRAL

Endodontic Assessment

TMJ Assessment

Oral Medicine Assessment

Tooth # _____

Periapical radiolucency

Muscle Pain

Biopsy

Root canal treatment

Joint Clicking

Mucocele treatment

Root canal re-treatment

Headaches

Burning mouth

Apical surgery

Pain of unknown origin

Unknown oral lesion

Post/File removal

Atypical facial pain

Trigeminal nerve pain

Post space

Botox

Oral thrush

Tooth has been opened

Other

Other

Other

For Endo, please send the most recent PA

For TMJ, please send the most recent Pan

PA/PAN Additional Information

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