

Welcome to Our Office

We are pleased that your dentist has referred you to Western Mass Endo for your endodontic plan of health. Our friendly staff will strive to exceed your expectations by providing you with the highest quality endodontic treatment in a warm, caring environment. Our endodontists use the latest advancements in scientific technology and sterilization procedures to help you achieve the best possible result.

What is Endodontic Treatment?

Root canal (endodontic) treatment is performed when the soft inner tissue of the tooth (the pulp) has been damaged, usually through decay or physical trauma. Treatment consists of removing the pulp and then cleaning, disinfecting, filling and sealing the root canals. Over 90% of cases are successful, while a few may require additional treatment. After root canal treatment has been completed, it is very important to return to your dentist so that a permanent restoration can be placed. A crown is often needed to protect the tooth.

The Consultation

A Clinical examination will be performed along with diagnostic testing and digital radiographic imaging (x-rays) to determine if endodontic treatment is needed. The consultation is also your time to meet the doctor and ask questions regarding your endodontic plan of health.

Payment Arrangements

Our administrative professionals will be happy to assist you in maximizing your insurance benefits. As a courtesy, we will be happy to file a claim for you and provide you with an estimate of your initial payment responsibility. Your responsibility, which is due at time of treatment, can be paid by cash, check or major credit card. If you prefer a payment plan option, we participate with CareCredit. Pre-approval should be achieved by contacting CareCredit by phone or online before your initial appointment.



Please detach and bring to your appointment

Patient Name: _____

Date of Birth: _____

Date: _____

- ☐ Please provide evaluation only
- ☐ Please provide root canal therapy
- ☐ Please provide apical surgery
- ☐ Please provide re-treatment of root canal
- ☐ Please call following the examination

Please Circle Teeth to be Treated																Left
Right	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- ☐ Pain
- ☐ Swelling
- ☐ Radiographic findings
- ☐ Crown
 - ☐ Permanently cemented
 - ☐ Temporarily cemented

Referring doctor _____

Post Space (circle one) **Yes** **No**

Remarks _____

Your Appointment Referral



Craig A. Saltzman DMD

Gregory S. Odierna DMD

Eric S. Shapiro DDS

H. Randolph Scott, III DMD

Ramin Rahmani DDS

