Jessica L. Barr, DDS, MS, PA
Diplomate, American board of Endodontics

David Spencer, DDS, MS, PLLC

Abby Yavorek, DMD, MS

Please check any of the following you have currently or have had in the past

☐ Heart Failure	☐ Shortness of Breath	☐ HIV Positive/AIDS	☐ Kidney Problems
☐ Heart Disease/Attack	☐ Emphysema	☐ Hepatitis A	☐ Jaw Pain/TMJ Problems
☐ Chest Pains	☐ Cough	☐ Hepatitis B/C	☐ Ulcers
☐ High Blood Pressure	☐ Tuberculosis	☐ Liver Disease	☐ Arthritis
☐ Heart Murmur	☐ Asthma	☐ Herpes/Venereal Disease	☐ Epilepsy/Seizures
☐ Mitral Valve Prolapse	☐ Hay Fever	☐ Blood Transfusion	☐ Cold Sore/Blisters
☐ Rheumatic Fever	☐ Allergies/Hives	☐ Drug Use/Addiction	☐ Artificial Joint
☐ Congenital Heart Problem	☐ Tobacco Use	☐ Hemophilia	☐ Steroid Medication
☐ Scarlet Fever	☐ Diabetes	☐ Sickle Cell Disorder	☐ Psychiatric Care
☐ Stroke	☐ Thyroid Disease	☐ Bleeding Disorder	☐ Osteoporosis
☐ Artificial Heart Valve	☐ Cancer/Tumor	☐ Anemia	☐ Leukemia
☐ Heart Pacemaker	☐ X-Ray/Cobalt Treatment	☐ Fainting/Dizziness	☐ Glaucoma

☐ Currently taking or have you previously taken bisphosphonate medications such as Actonel®, Fosamax®, or Zometa® within the past 12 years

Consent Statement

I, the undersigned, affirm the information above is accurate and complete to the best of my knowledge. I will not hold Dr. Barr, Dr. Spencer, Dr. Yaovrek or any member of the office staff responsible for problems arising from errors or omissions that I made in the completion of this form. I consent to any advisable and necessary endodontic therapy to be administered by Dr. Barr, Dr. Spencer, Dr. Yaovrek and staff for diagnostic purposes or dental treatment.

I understand that root canal therapy is an attempt to save a tooth, which otherwise could be lost. Although root canal therapy has a high degree of success, it is still a biological procedure and cannot be guaranteed. Occasionally, a tooth that has had root canal therapy may require retreatment, surgical intervention or extraction.

Upon completion of root canal treatment, I am to return to my dentist for the definitive restoration within 4 weeks or additional treatment may be required or result in necessary removal of the tooth.

Please Initial ________

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Patient's (or Parent/Legal Guardian's) Signature　　　　　　　　　　Date