

University Park Endodontics

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www.kcroot.com

SARA H. WILHITE, DMD, MS
TAE KONG, DDS



Date: _____

Patient's Name: _____ Tooth # _____

Referring Dr.: _____

DOB _____ Cell # _____

Comments: _____

PLEASE ARRIVE 15 MINUTES BEFORE YOUR APPOINTMENT

Composite over floor of chamber Cotton pellet under temporary filling
Leave Post Space Build Up (request when appt. is made)
Take 3D Scan

PLEASE BRING TO YOUR FIRST APPOINTMENT:

- X-rays from referring dentist, if given to you.
- A list of medications you take and other health information.
- Your dental insurance card and driver's license are required to maximize your insurance benefits.
- Please call our office if you want information on costs or our financial policy.
- If you need antibiotic premedication, please do as advised by your physician.
- Please feel free to bring headphones and a portable music player to use during treatment.
- You may visit our web site, **www.kcroot.com**, to print and complete patient forms to bring to your appointment.

I understand that I am responsible for *all payments at the time of service*.
My referring Dentist is *not responsible* for any fees incurred at University Park Endodontics.