



Mountain West
ENDODONTICS
BRANDON GLENN DDS, MS

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Phone (801) 432-7773
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Patient Name _____ Date _____

Referring Dentist _____

Tooth No. / Area _____

Treatment Requested

- ☐ Evaluation Only
- ☐ Root Canal Therapy
- ☐ Retreatment
- ☐ Apicoectomy Microsurgery

Post Treatment Restoration Requested

- ☐ Cavit Temporary
- ☐ Core Build-up
- ☐ Leave a Post Space
- ☐ Place a Post and Core

Comments _____

