

Jack C. Liu, DDS, PhD

Cedar Rapids Endodontics, PC

(319) 365-1456

Brandon J. Vos, DDS

2750 1st Ave NE. Suite 410

www.crendo.net

Kimberly A. Morio, DDS, MS

Cedar Rapids, IA. 52402

Patient Name: _____ DOB: _____

Parent Name if minor: _____

Phone: _____

Referring Dentist: _____ Tooth/Teeth: _____

Requested Treatment: _____

Symptoms: Hot or Cold Sensitivity Biting/Pressure Pain Swelling Previous RCT RCT Started

Premed Required? Yes or No Scripted Meds: _____

Insurance Information: _____

Appointment Date and Time: _____ With: Dr. Jack Liu or Dr. Brandon Vos or Dr. Kimberly Morio



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