

# RED ROCK ENDODONTICS

**GREG Y. KIM, DDS**  
**SAMEER D. JAIN, DDS, MS, MSD**  
**www.redrockendo.com**

Patient Name: \_\_\_\_\_

Appointment Date/Time: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Email: \_\_\_\_\_

Consultation/Treatment:

Tooth/Area: \_\_\_\_\_ Planned Restoration: \_\_\_\_\_

Comments & Requests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Red Rock Endodontics  
9690 W. Tropicana Ave., Suite 100  
Las Vegas, NV 89147  
Office: (702) 876-0000  
Fax: (702) 876-5002

*\* Please arrive 10 minutes  
prior to your appointment  
if you are a new patient.*