



Solanki Endodontics
Dr. Poonam Solanki, BDS, MSD

Specialist in Endodontics

www.solankiendo.com

1605 W. Candletree Drive
Suite 114
Peoria, Illinois 61614
Phone (309) 670-0826
Fax (309)670-0825

Patients Name: _____ Date: ___/___/___

Phone: (____) ____-_____

Appointment on: ___/___/___ Time: _____

Consult Initial RCT Retreatment Surgery

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Post-Space Desired YES NO Call Me

Comments: _____

Referred by Dr: _____ Phone: (____) ____-_____



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At your first visit you will need to provide:

- A referral form from your general dentist.
- A copy of your dental insurance card.
- A valid photo I.D.
- A list of your current medications.
- Also, please be aware that your co-pay will be due at the time services are rendered.

