

Advanced Endodontics of Westchester, PLLC

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EMERGENCY COVERAGE REQUEST FORM

Name of Doctor(s) Requesting Coverage:

Requested dates of coverage

From: _____

To: _____

Contact Telephone Numbers

Name: _____

Cell Phone: _____

Home Phone: _____

Email: _____

General Dentist Covering: _____

Oral Surgeon Covering: _____

Periodontist Covering: _____

Orthodontist Covering: _____

Please indicate the times and dates that your office phone will be attended by your staff:

IMPORTANT: We are happy to cover for any endodontic emergencies that may arise during your holiday. It is important that you also secure general dentist coverage to handle non-endodontically related situations.