



# Contemporary Endodontics

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Today's Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

Patient's Phone \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Dr.'s Phone \_\_\_\_\_

Dr.'s Email \_\_\_\_\_

## PLEASE MARK TEETH TO BE TREATED

### UPPER

Right	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	Left
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

### LOWER

## TREATMENT DESIRED

- Root Canal Treatment  
  Root Canal Retreatment  
  Apicoectomy Surgery  
 CBCT & Consultation  
  Consultation Only  
  Other

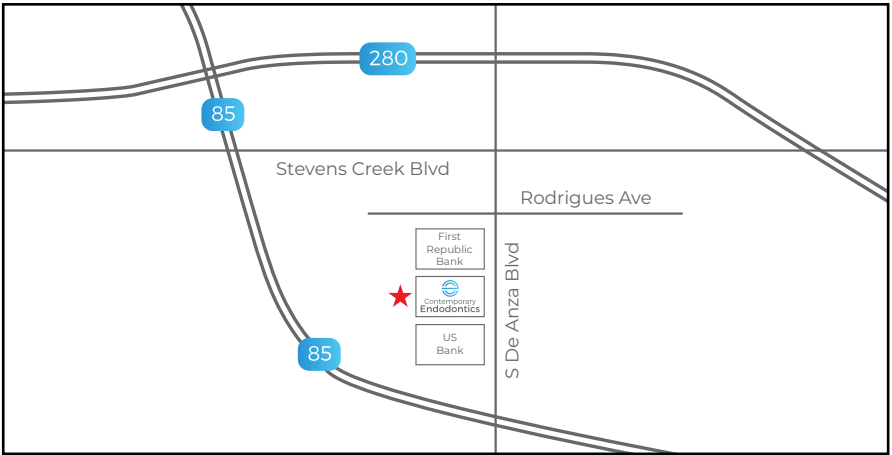
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## RESTORATIVE INSTRUCTIONS

- Place Sponge and Cavit  
  Leave post space  
 Place core build-up  
  Place post and build-up  
 Special Instructions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## LOCATION



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## INFORMATION FOR PATIENTS

PLEASE BRING TO YOUR APPOINTMENT:

- This form
- Information to complete a health history
- Name and dose of all current medications
- Dental insurance information

Our staff is happy to help you with any questions.

We look forward to your visit with us.