



Contemporary Endodontics

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Diplomates, American Board of 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

- Evaluate and Treat
 Root Canal Treatment
 Root Canal Retreatment
 Apicoectomy Surgery
 CBCT & Consultation
 Other

RESTORATIVE INSTRUCTIONS

- Place Core Buildup (and post, if needed)
 Place Orifice Barrier, Sponge and Cavit
 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.