THE ENDODONTIC SPECIALISTS
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Date: _____

Introducing: _____ Phone: _____

Referred by: _____ Phone: _____

Please Identify Teeth to be Treated:

RIGHT								LEFT							
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

Remarks: _____

_____

Upon treatment completion ***(please check all that apply):***

- ❑ **1.** Prepare Post Space
- ❑ **2.** Complete Permanent Restoration
- ❑ **3.** Place Temporary Restoration
- ❑ **4.** Call Our Office
- ❑ **5.** Mail Treatment Report
- ❑ **6.** Email Treatment Report with X-Rays

Remarks: _____

_____

_____

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This time has been reserved for you. Kindly give us a 24 hour notice for changes or cancellation for this appointment to avoid a cancellation fee.