



East Hills Endodontics

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Practice Limited to Endodontics



Scan QR
 Code for
 directions
 to our
 office.

This will introduce: _____

For Endodontic Consideration

Please circle tooth (teeth) to be treated:

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

Post Preparation

Post & Core

Remarks: _____

Referred by Dr. _____ Date: _____

Patient will return to referring dentist for final restoration.