

This will introduce _____, 20____ Patient Telephone # _____

FOR ENDODONTIC CONSIDERATION

R	Molars			Bicuspids		Anteriors						Bicuspids		Molars			L
	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	

Please place core buildup. Please prepare a post space. Previous root canal treatment. Possible fracture.

Comments: _____

Referred by Dr. _____

- P R E C I S I O N ■ C O M P A S S I O N -

GILBERT OFFICE:

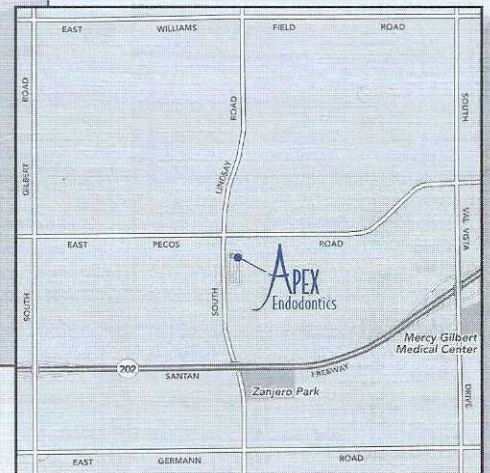
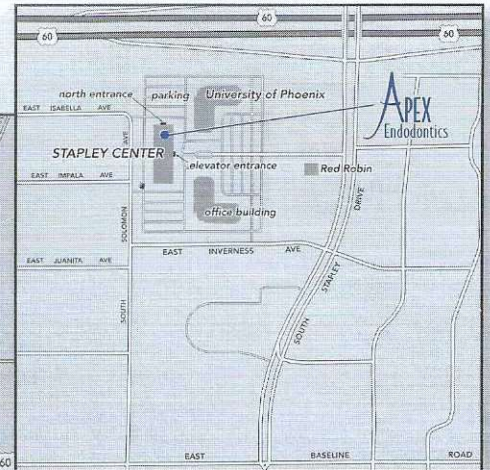
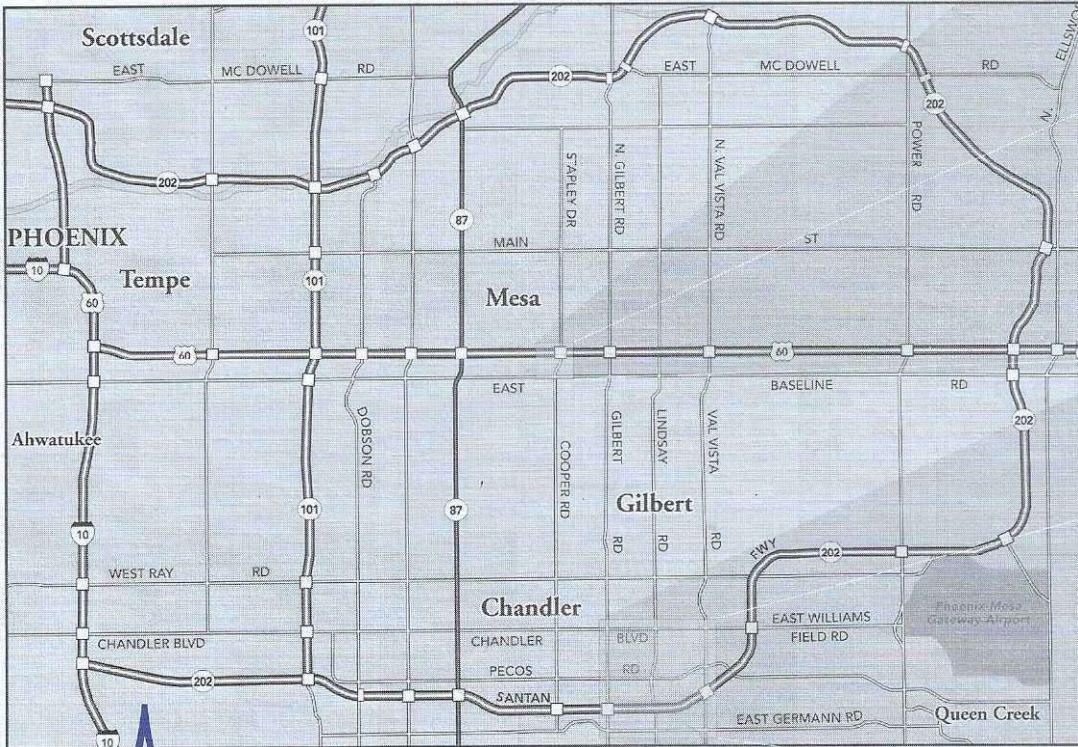
3303 S. Lindsay Road, Suite 127, Gilbert, AZ 85297
 Phone: 480-699-2940 • Fax: 480-699-2941
 manager@ApexEndo.com

MESA OFFICE:

1630 S. Stapley Drive, Suite 208, Mesa, AZ 85204
 Phone: 480-775-2656 • Fax: 480-775-2786
 appointments@ApexEndo.com

www.ApexEndo.com

MESA OFFICE: 1630 S. Stapley Drive, Suite 208
 (Southwest corner of US 60 and Stapley Drive in the Stapley Center)
 Mesa, AZ 85204
 Phone: 480-775-2656 • Fax: 480-775-2786



GILBERT OFFICE: 3303 S. Lindsay Road, Suite 127
 (Southeast corner Lindsay & Pecos)
 Gilbert, AZ 85297
 Phone: 480-699-2940 • Fax: 480-699-2941