



125 North Franklin Drive Suite 4, Washington, PA 15301

Phone: 724-365-7775

Fax: 724-365-7885

Patients name: _____

Referring Dr.: _____

Appt. Date: _____ Time: _____

Please circle Area to be treated

right side of patient			front teeth								left side of patient				
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

Treatment Desired

- Consultation only
- Root canal therapy
- Root canal Retreatment
- Apicoectomy
- Remove post only
- Please evaluate and treat if needed
- Please treat for restorative purposes
- CBCT Scan (circle quadrant of interest)
UL UR LL LR UA LA

Restorative Instructions

- Post space
- Temporary restoration
- Permanent bonded core build up without post

*Please note: we do not place post and core build ups

Remarks
