



CREEKSIDE ENDODONTICS

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Patient Name

Date

Patient Will Call to Schedule

Patient's Phone

Please Call to Schedule

Referring Dentist

Dentist Phone Number

Appointment Date	Appointment Time	Appointment Location	Tooth No.

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

- Consultation and Diagnosis
 Endodontic Treatment
 Endodontic Retreatment
 Leave Post Space
Sedation: IV Sedation (only available at Auburn location)

Comments:

HISTORY:		
<input type="checkbox"/> Pain	<input type="checkbox"/> Pulp Exposure	<input type="checkbox"/> Fracture
<input type="checkbox"/> Apical Radiolucency	<input type="checkbox"/> Trauma	<input type="checkbox"/> Rx Antibiotic _____
<input type="checkbox"/> Swelling	<input type="checkbox"/> Abscess	<input type="checkbox"/> Rx Analgesic _____

Creekside Endodontics is dedicated to exceptional patient care and quality service using the latest technological advances. We look forward to serving you.

www.creeksideendo.net