

Winchester Endodontics

DUY T. DO, DMD

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DATE _____

PATIENT _____

TOOTH# _____

Please appoint this patient for:

- an evaluation for possible root canal treatment
- initiation of root canal treatment
- retreatment evaluation
- surgical evaluation

Patient requires treatment because of:

- irreversible pulpitis
- necrotic pulp/periapical lesion
- elective/restorative purposes

Permanent restoration: Yes No

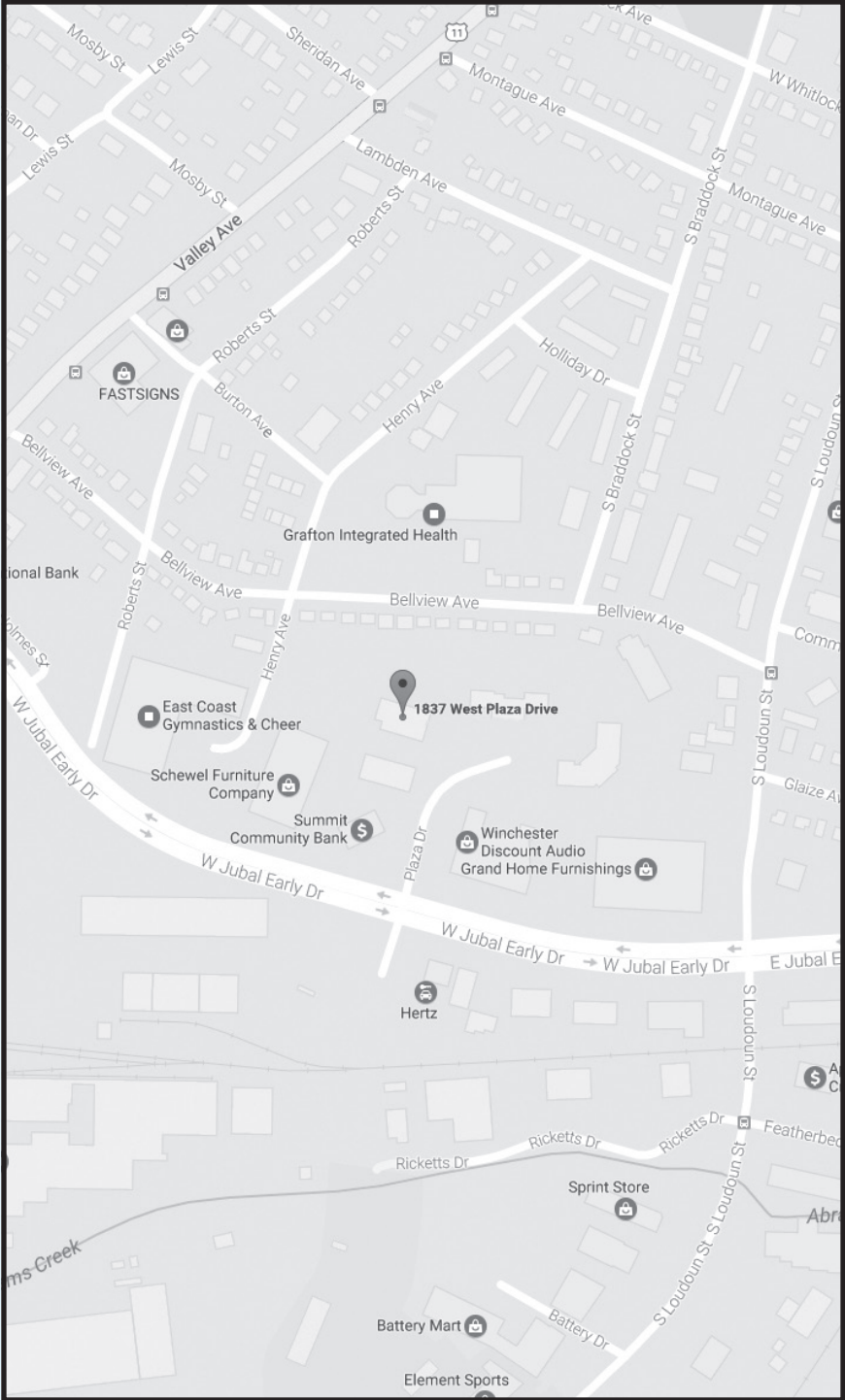
Post Space:

- remove coronal 1/3 of gutta percha from canal
- other _____

Comments: _____

Referred by: _____

See reverse side for map.



FASTSIGNS

Grafton Integrated Health

1837 West Plaza Drive

East Coast Gymnastics & Cheer

Schewel Furniture Company

Summit Community Bank

Winchester Discount Audio
Grand Home Furnishings

Hertz

Sprint Store

Battery Mart

Element Sports