



# MICHANOWICZ ENDODONTICS

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Patient's Name \_\_\_\_\_

Referring Dr. \_\_\_\_\_

Appointment Date \_\_\_\_\_

Medication Rx \_\_\_\_\_

R 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

- Call me about this case
- Consultation only
- Endodontic Treatment
- Final restoration
- Nitrous
- Other
- Post and core
- Prepare post space
- Prophylactic root canal
- Retreatment
- Surgical Endodontics

*Map on reverse side*

Comments \_\_\_\_\_

