



# blattner

ENDODONTIC CARE

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www.blattnerendo.com

Today's Date \_\_\_\_\_

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

Referred by Dr. \_\_\_\_\_

## PLEASE MARK TEETH TO BE TREATED

UPPER

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

LOWER

## TREATMENT DESIRED

Consultation     Root Canal Therapy     Root Canal Retreatment

Apicoectomy Surgery     Post Space Preparation

Other Service / Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRIOR TREATMENT

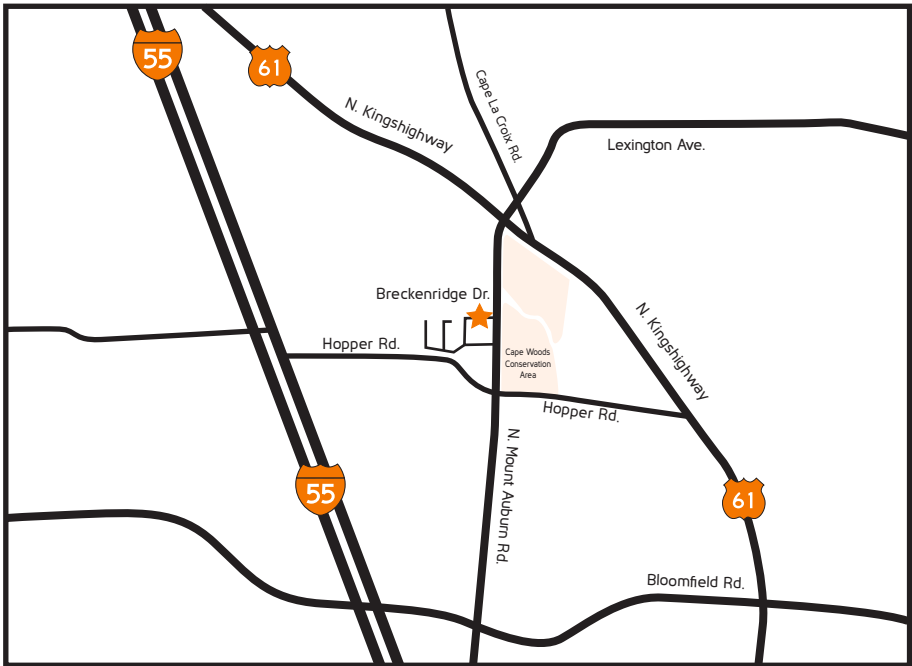
No treatment involving Pulp     Pulpotomy or Pulpectomy

Pulp Exposure and Cap     Previous Endodontic Treatment/Surgery

## RESTORE ACCESS WITH

Temporary

Composite



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## INFORMATION FOR PATIENTS

### PLEASE BRING TO YOUR APPOINTMENT:

- Information to complete a health history
- Name and dose of all current medications
- Dental insurance information

### PLEASE CALL OUR OFFICE TO:

- Learn more about endodontic treatment
- Discuss what to expect during your visit
- Find out how long your appointment will be
- Review treatment costs & financial policies
- Get directions to our office

Our staff is happy to help you with any questions.

We look forward to your visit with us.