



blattner

ENDODONTIC CARE

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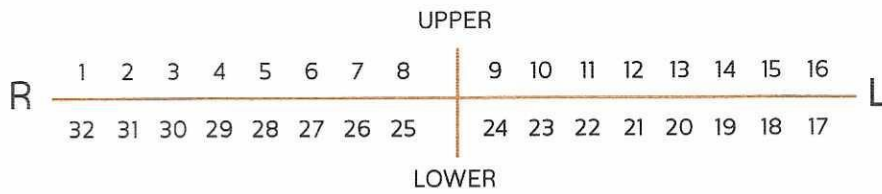
www.blattnerendo.com

Today's Date _____

Patient's Name _____

Referred by Dr. _____

PLEASE MARK TEETH TO BE TREATED



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