

CARY ENDODONTICS



Referring Doctor

Date

Office Tel

Patient

Patient Tel

Please visit:

www.caryendodontics.com to print out and complete registration forms prior to your appointment. This will greatly facilitate the check in process. If you are unable to complete these forms please arrive 15 minutes prior to your scheduled appointment to complete registration.

Referred for Evaluation

- Vague toothache
- Suspicious radiolucency
- Traumatic injury
- Retreatment
- Apical surgery

Referred for Root Canal Therapy

- Symptoms indicate need
- Radiograph reveals need
- Carious pulp exposure
- Needed for restoration

Right

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

Left

Additional Information

If you must change your appointment please notify our office at least two days in advance.

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