



H O C H
E N D O D O N T I C S

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Please evaluate / treat the following teeth:

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

Patient _____ **Patient Phone** _____

Referred by Dr. _____ **Today's Date** _____

Appointment Date / Time _____

Services requested:

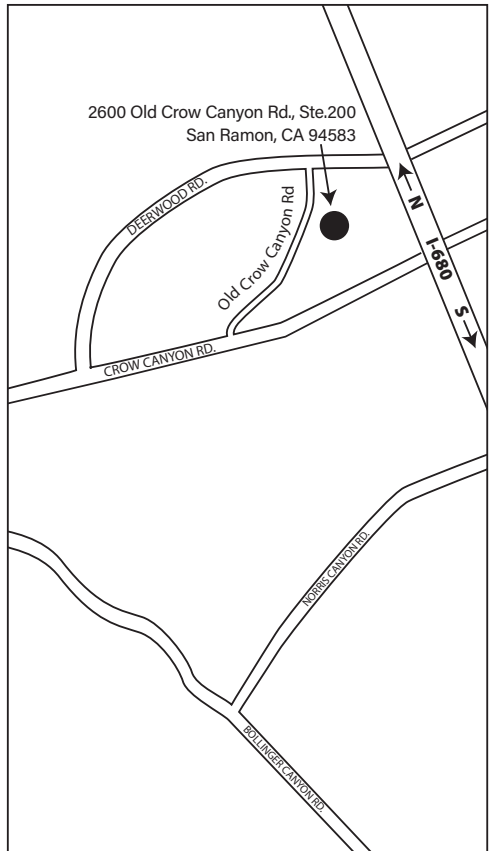
- Evaluate only and call me prior to seeing patient and call me after seeing patient
- Evaluate and treat as necessary
 - patient has pain, sensitivity or swelling x-ray revealed radiolucency
 - endodontic treatment necessary for restoration consider for retreatment
 - pulp was exposed (vital / nonvital) consider for surgical endodontics
 - tooth has been accessed
- Prepare space for post
- Place appropriate build-up
- Premedication required _____
- Antibiotic / analgesic prescribed _____

Comments _____

Please check here for additional referral slips

Welcome to our office. We are a specialty practice dedicated exclusively to providing comprehensive patient care in endodontics. Our doctors have completed advanced education in their discipline and are experienced in addressing issues involving the dental pulp. They work together with a highly-trained and capable staff to provide the utmost in patient care in a comfortable and pleasant environment.

We look forward to being of service to you. Please advise our office if you have any special needs when you make your appointment. Our office is committed to providing the highest standard of care with personalized attention and respect.



From I-680

Take the Crow Canyon Exit

Go West Bound on
Crow Canyon Road

Turn Right on
Old Crow Canyon Road

Arrive at 2600 Old Crow
Canyon Road on your
right hand side

Place
Stamp
Here



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2600 Old Crow Canyon Road
Suite 200
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