PENINSULA ENDODONTICS DENTAL GROUP

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Patient: _____ Date: _____ Tooth No: _____

Appointment Scheduled: _____ *Referred by Dr.* _____

Services already performed:

- ☐ Tooth has been opened and left open
- ☐ Tooth has been opened, medicated and sealed
- ☐ Patient on Antibiotics and/or Analgesics
- ☐ Crown/restoration completed: Date _____
- ☐ Crown temporarily cemented

Services requested:

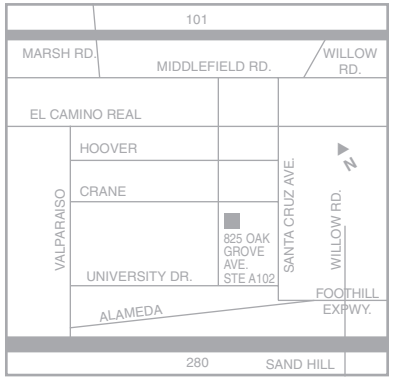
- ☐ Evaluate and treat as necessary
- ☐ Seal cotton in chamber, I will restore
- ☐ Post space
- ☐ Place post and core buildup in:
  - ☐ amalgam ☐ composite ☐ glass ionomer
- ☐ Place core buildup (no post) in:
  - ☐ amalgam ☐ composite ☐ glass ionomer
- ☐ Use noneugenol sealer

Instructions/comments: _____

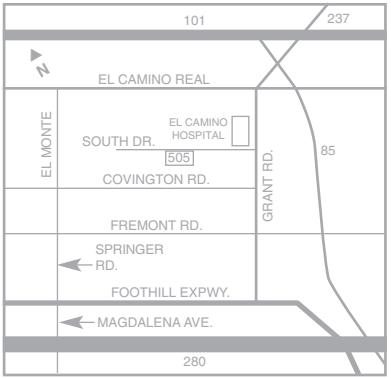
_____

_____

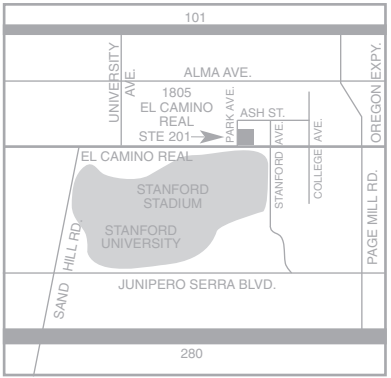
• For information on Endodontic Treatment: www.peninsula-endodontics.com



Menlo Park



Mountain View



Palo Alto

MAPS ARE NOT TO SCALE