



# PENINSULA ENDODONTICS DENTAL GROUP

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TEL 650-322-5381  
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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

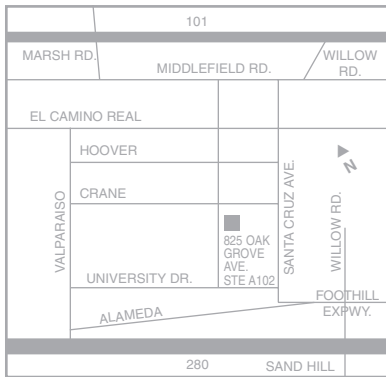
*Services requested:*

- 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

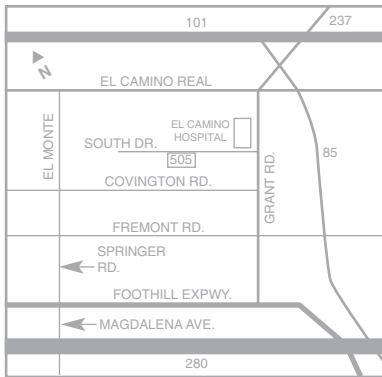
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505 SOUTH DRIVE, STE 10  
MTN. VIEW, CA 94040  
TEL 650-964-1300  
FAX 650-335-4707

*Instructions/comments:* \_\_\_\_\_

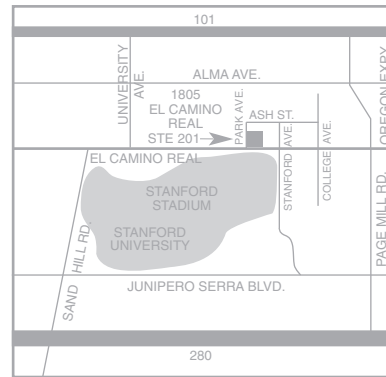
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1805 EL CAMINO REAL, STE 201  
PALO ALTO, CA 94306  
TEL 650-328-1860  
FAX 650-329-7950



Menlo Park



Mountain View



Palo Alto

MAPS ARE NOT TO SCALE