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Advanced Endodontics and Microsurgery

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Telephone (310) 248-2336 Fax (310) 248-2886

This is to introduce _____ to your office.

The patient's phone number is _____

Please evaluate the following tooth/teeth for endodontic treatments:

Number(s) _____ R

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

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Additional comments: _____

Final Restoration: durelon ketac geristore composite core build up Post space:

Referred by Dr. _____ Date _____

A recent radiograph is attached.

Patient is scheduled in your office on (date and time) _____

Patient will call your office to schedule an appointment.