

# CAMARILLO ENDODONTICS

Introducing: \_\_\_\_\_

Date: \_\_\_\_\_ Referred by Dr. \_\_\_\_\_

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Previous Endodontic Treatment                 | <input type="checkbox"/> Consultation/Evaluation |  |
| <input type="checkbox"/> Intentional Endodontics                       | <input type="checkbox"/> Toothache/Emergency     | <input type="checkbox"/> I.V. Sedation |
| <input type="checkbox"/> Cone Beam Scan (CBCT) with Endodontic Consult | <input type="checkbox"/> CBCT Only               |  |
- How would you like us to complete the case?
- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Bonded Resin Core            | <input type="checkbox"/> Post & Core                        | <input type="checkbox"/> Post Space |
| <input type="checkbox"/> Temporary Cement Over Cotton | <input type="checkbox"/> Temporary Cement Over Bonded Resin |                                     |

Remarks: \_\_\_\_\_

\_\_\_\_\_

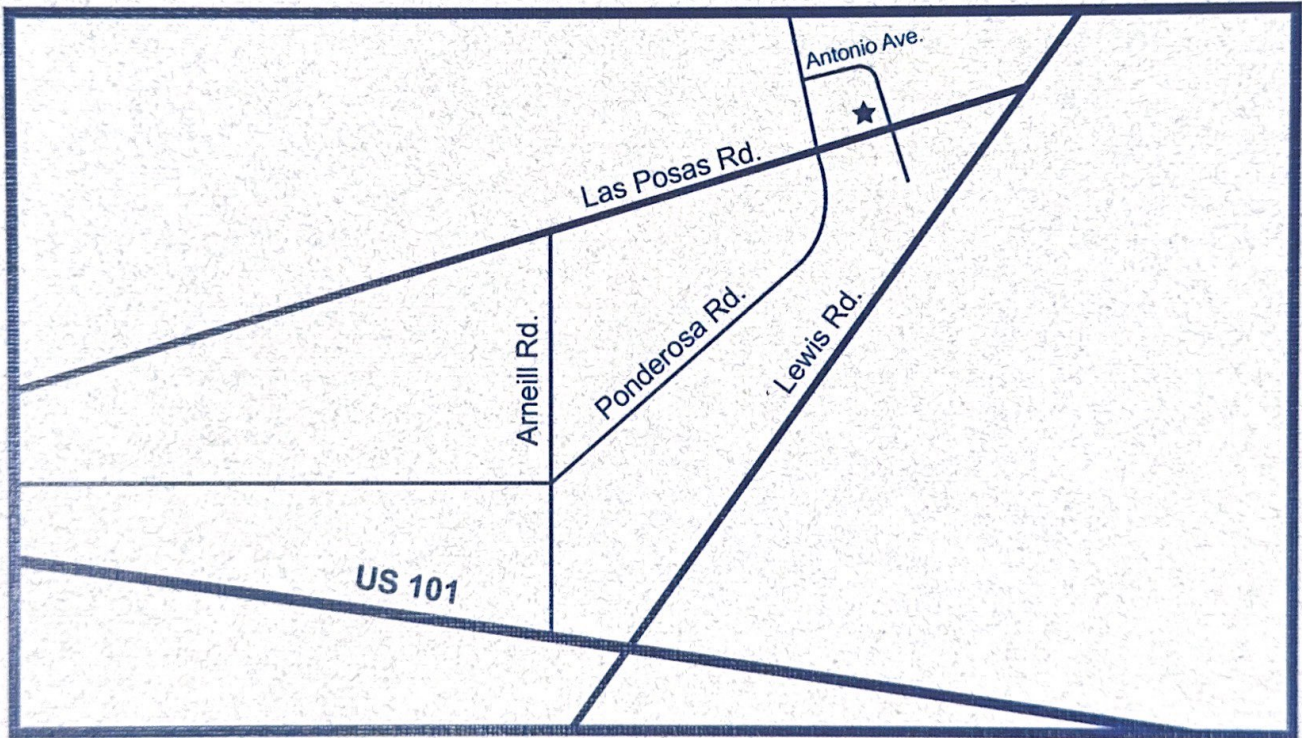
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Please call our office to schedule a consultation. Please bring any x-rays, list of medications and insurance information to your consultation. We look forward to meeting you.