

# TOWN CENTER DENTISTRY

## ENDODONTICS

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Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Referring Office/Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

MOLARS			BICUSPIDS			ANTERIORS			BICUSPIDS			MOLARS			
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

- Tooth has been opened and left open.
- Tooth has been opened, medicated and sealed.
- I have placed the patient on Antibiotic: \_\_\_\_\_  
and / or Analgesic: \_\_\_\_\_
- Leave post space.
- Patient has toothache, please evaluate and treat as needed.
- Other / Comments: \_\_\_\_\_  
\_\_\_\_\_