



Raymond Pandez, DDS, MSD
Endodontist

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Today's Date _____

Patient's Name _____

Referred by Dr. _____

PLEASE MARK TEETH TO BE TREATED

		UPPER																		
		1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16		
R		32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17		L
		LOWER																		

TREATMENT DESIRED

- Consultation Only
 Root Canal Therapy
 Root Canal Retreatment
 Apicoectomy
 Post Space Preparation

Other Service / Special Instructions _____

RESTORE ACCESS WITH:

- Temporary
 Core Buildup
 Post and Core Buildup

Please See Reverse Side for Office Map



SLO
ENDODONTICS

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