

Gainesville, GA 30501

tel 770.503.7333 fax 770.503.7331 www.flemingendo.com



Date INTRODUCING Patient phone Referred by Dr.				E	-m	ai <b>l</b> _										ITS OR INSTRUCTIO
Appointment date:	м т	- w	R	F_						Tim	e					
Tooth to be treated	1 2 32 31	3 Z 1 30 Z	. 5 9 28	6 3 27	7 26	8 25	9 24	10 23	11 22	12 21	13 20	14 19	15 18	16 17		
DENTAL HISTORY  Pulp exposure/Ter Spontaneous pain. Trauma Previous endodonti Periapical radioluc To facilitate restor. Other  REFERRAL REQUES	therm c treat ency p ation	nal sen tment present	sitiv	•			Tei Tei Pre Pe Po	mpo mpo epar rma Am Cor	L RE rary rary e pos nent algan mposi etain ded c	with It spa resto It res It res It res	cotto ice iratio	n pel	let			
Endodontic consu Diagnose and tre Endodontic surge Other	ıltatio at as ı ıry	necess	ary	_	cor Me to t	nveni dica the a	ienth I His ppoi	y coi tory intm	mplet and I	te Pa Pain Pleas	tient Histo	Regi	strat iline	and ion, prior office	advised to	<b>OTE</b> Patients return to yo inal restorat



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