

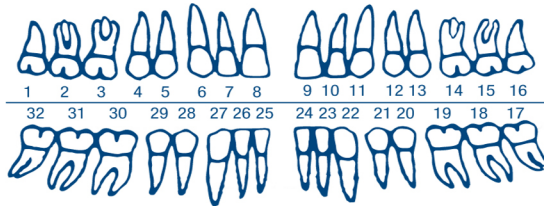


**Mill Creek
Endodontics & Microsurgery**

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Today's Date _____
Patient's Name _____
Patient's Phone _____
Referred by Dr. _____
Doctor's Phone _____

PLEASE MARK TEETH TO BE TREATED



TREATMENT DESIRED

- Consultation Treatment 3D CBCT Scan
- Other Service / Special Instructions

PRIOR TREATMENT

- Recent Dental Restoration Pulpotomy or Pulpectomy
- Caries Excavation / Pulp Exposure Previous Endodontic Treatment

RESTORATIVE INSTRUCTIONS

- Sponge and Cavit Leave Post Space
- Place Core Build-up Place Post and Build-up