

MISKOVICH DENTAL CLINIC P.C.

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Peter J. Miskovich, D.D.S. Andrew S. Kuehn, D.D.S.

Today's Date ___/___/___

Appointment Date _____ at _____ am / pm

This will introduce _____ for Endodontic consideration.

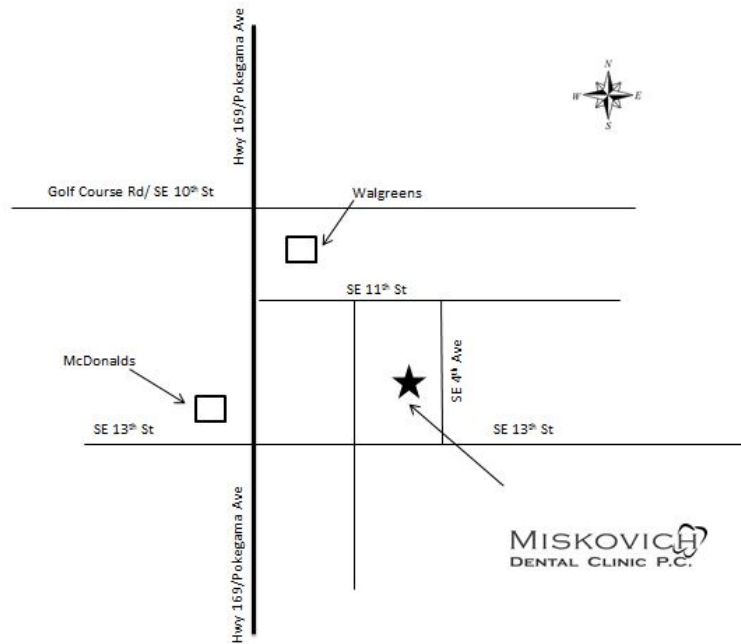
	MOLARS			BICUSPIDS		ANTERIORS						BICUSPIDS		MOLARS			
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

- Patient has symptoms, evaluate and treat
- Consultation Only
- Contact referring dentist before treatment
- Please prepare for post
- Was RCT started? _____ No _____ Yes

COMMENTS:

Referred by Dr:

Phone: _____



Patient will be instructed to return to referring dentist for final restoration.