



- Dr. Jeffrey J. Grossman B.A, D.D.S., M.S. Endodontist
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INTRODUCING

Name: _____ Phone: _____

Please evaluate the tooth (teeth) below for possible endodontic treatment

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Post space desired? Yes No Which canal(s) _____ CBCT requested? _____

Comments _____

REFERRED BY DR. _____ **XRAYS-EMAILED** **W/ PATIENT**

APPOINTMENT DATE _____ **TIME** _____

'Always striving for excellence with the utmost in patient comfort'