



EASTLAKE

— ENDODONTICS —
SPECIALTY ENDODONTIC CARE

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Introducing: _____ Date: _____

Referred by Dr. _____

RIGHT	1	2	3	4	5	7	8	9	10	11	12	13	14	16	LEFT
	32	31	30	29	28	27	25	24	23	22	21	20	18	17	

☐ Evaluate and treat as needed

☐ Antibiotic prescribed: _____

☐ Leave post space

☐ Analgesic prescribed: _____

☐ Place buildup

☐ Please return preop radiograph

☐ Other/Comments: _____

Appointment scheduled for: _____

DAY

DATE

TIME

WHITE - PATIENT COPY | YELLOW - DENTIST COPY

www.eastlakeendodontics.com