

QUINNIPIAC ENDO CT, PC
PRACTICE LIMITED TO ENDODONTICS
MANUEL A. SATO, D.D.S., M.D.S.

DATE _____

Introducing _____

for Endodontic consideration of the following: _____

- | | |
|--|--|
| <input type="checkbox"/> Evaluation Only | <input type="checkbox"/> Bridge is cemented |
| <input type="checkbox"/> Evaluation & Treatment, if Needed | <input type="checkbox"/> Temporarily |
| <input type="checkbox"/> Previous Root Canal | <input type="checkbox"/> Permanently |
| <input type="checkbox"/> Pulp Exposed | <input type="checkbox"/> Premedicaton Required |
| <input type="checkbox"/> Post Space Desired | |

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	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17		

RADIOGRAPH:

- Being Mailed / E-Mailed Given To Patient None or Non-Diagnostic

REMARKS _____

Dr. _____

24 hour telephone for emergency endodontic treatment available.

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