

LUPER, BEACH, MISTAK and WILLIAMS, P.A.

WILLIAM D. LUPER, DDS
CURT W. BEACH, DDS

E. JAMES MISTAK, DDS
JOHN M. WILLIAMS, DDS, MS

Introducing _____ for endodontic consideration.

Referred by Dr. _____ Date _____

	Molars			Bicuspid		Anteriors			Anteriors			Bicuspid		Molars			
Upper	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Upper
Lower	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower

Circle teeth for endodontic consideration.

Minors (under 18) must be accompanied by parent or guardian.

To be filled out by dentist:

- Please evaluate only
- Please do root canal therapy.
- Pulp was exposed.
- Endodontics necessary for proper restoration.
- Post restoration planned.
- Patient has health problems which should be considered.

Additional Comments

Practice limited to endodontics

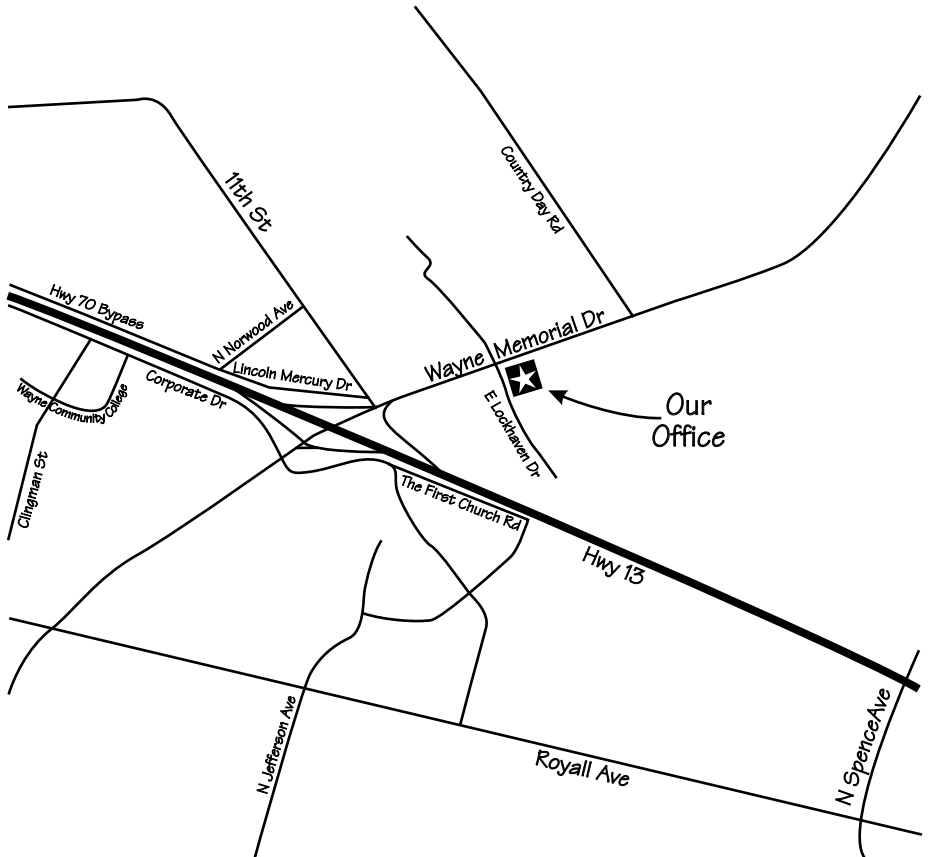
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www.luperbeachmistakwilliamsdds.com

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