



_____, 20 ____

Introducing _____ Phone number _____

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

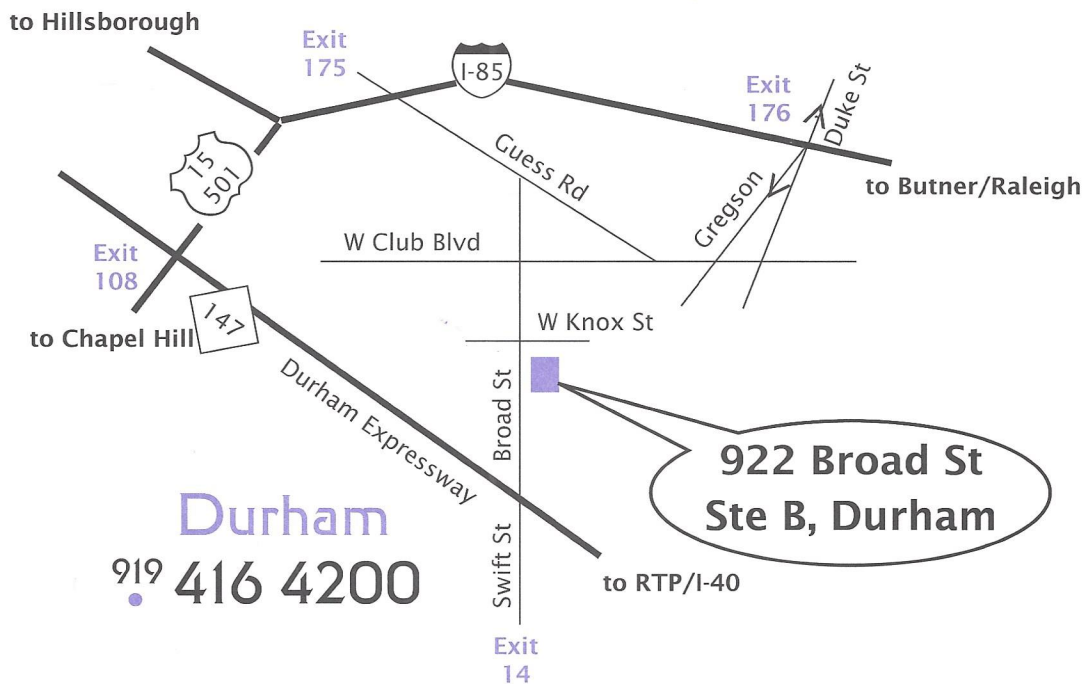
- Evaluate for: RCT retreatment apical surgery
- Pulp exposure
- Post space is needed. Please specify a canal _____

Other/comments _____

Appointment date/time _____ Referring Dr. _____ Phone _____

Payment is expected at the time of service. The patient will be instructed to return to the referring dentist for final restoration.

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