

# ALPHARETTA ENDODONTICS

*Saving teeth is our specialty*

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*Specialists in Microscopic Endodontics*

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INTRODUCING \_\_\_\_\_

Referred By Dr. \_\_\_\_\_ Date \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Please provide:

Consultation & Diagnosis

Endodontic Therapy

Retreatment

Apical Surgery

For Tooth/Teeth Number(s) \_\_\_\_\_

Significant Diagnostic History \_\_\_\_\_

Radiograph indicates radiolucency

Pulp exposure

Symptoms indicate root canal  
therapy needed

Crown fracture

History of pulp cap

Trauma

Treatment Plan Includes:  Core build/up

Post & core

Crown/bridge

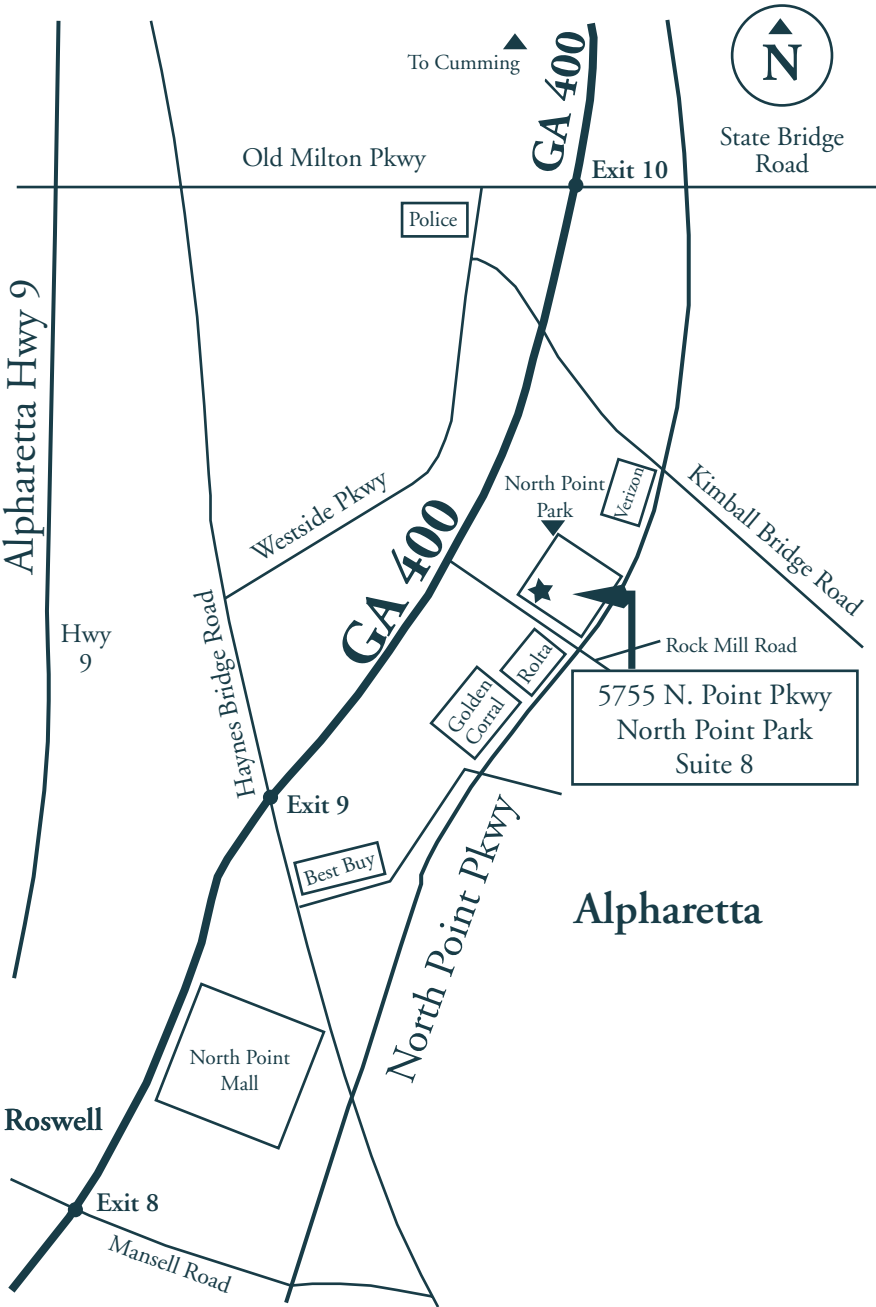
Crown lengthening

Comments: \_\_\_\_\_

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# Alharetta

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