



BARRHAVEN
EndoDocs

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Emailed Current Radiographs

Patient _____
Name Telephone

Appointment _____
Date Time

Circle tooth to be evaluated

18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38

Treatment options:

- Consultation
- Root canal treatment
- Retreatment
- Apical surgery
- Trauma management

Request Post Space Yes No

Oral or Nitrous sedation Yes No

Comments _____

Referred by: _____

Telephone

Date

PLEASE BRING THE DETAILS OF YOUR INSURANCE COVERAGE

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