



Beth Ann Damas, DDS, MS
Diplomate American Board of Endodontics

Donald A. Miller, DDS, MS
Diplomate American Board of Endodontics

Sara Iampaglia, DDS, MS

Date: _____

Introducing _____

Appointment Date: _____ Time: _____

Referring Doctor: _____

Instructions: _____

To Be Filled In By Dentist:

- Consultation.
- Endodontic treatment is necessary for proper restoration of tooth.
- Pulp was exposed.
- X-Ray revealed radiolucency.
- Root Canal treatment was started.
- Post prep is indicated.
- Evaluation for apical surgery.
- Retreatment.
- CBCT

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

(circle teeth for endodontic consideration)

Information for Patient:

- You will be returning to your dentist for final restoration after treatment.
- When calling for your appointment, please have your dental insurance information available.
- Please bring your dental insurance information to your appointment.

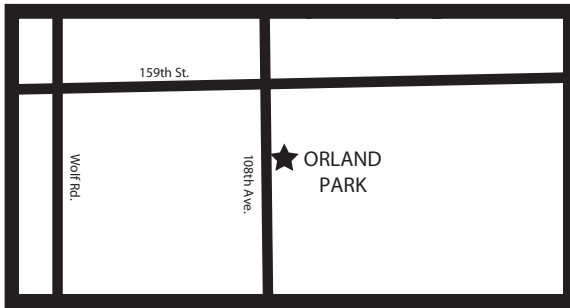
Locations:

16055 108th Avenue, Ste. H, Orland Park (708) 460-9191

403 Willamsburg, Geneva (630) 208-7668

FOR MORE DETAILED DIRECTIONS TO OUR LOCATIONS,
VISIT US AT: www.swendodontics.com

ORLAND PARK OFFICE (708) 460-9191
16055 108th Ave., Ste H, Orland Park, IL 60467



GENEVA OFFICE (630) 208-7668
403 Williamsburg, Geneva, IL 60134

