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760 W Eisenhower Pkwy, Suite 210, Ann Arbor, MI 48103

Introducing: \_\_\_\_\_

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

Referring Doctor: \_\_\_\_\_

Comments/Special Instructions: \_\_\_\_\_

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

- ☐ Evaluate and treat
- ☐ Evaluate for possible retreatment or apical surgery

- ☐ Patient is having pain and/or swelling
- ☐ Trauma
- ☐ Pulp was exposed
- ☐ Root canal treatment has been started

- ☐ Prepare post space
- ☐ 3D CBCT radiograph

- ☐ X-ray emailed
- ☐ Please call me

