



18988 Cox Avenue, Suite D.
Saratoga, California 95070

Tel: (408) 252-5700
Fax: (408) 252-5702

Patient _____

Appointment _____
Day Time

Referring Dr. _____ Date _____

Please Check:

- Consultation only
- Evaluate and treat as indicated
- Apicoectomy
- Leave a post space
- Place post and core
- Other service _____

Request/Comments _____

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
Right								Left							
A B C D E								F G H I J							
T S R Q P								O N M L K							

PATIENT'S COPY
WHITE

REFERRING DOCTOR'S COPY
YELLOW

