



WILLIAMSBURG ENDODONTICS

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Dr. Andrew Inagaki DDS • Dr. Ehsan Farrokh DDS

Board-Certified Endodontists

Today's Date _____

Patient's Name _____

Patient's Phone _____

Referred by Dr. _____

Dr.'s Phone _____

Dr.'s Email _____

PLEASE MARK TEETH TO BE TREATED

UPPER

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

LOWER

TREATMENT DESIRED

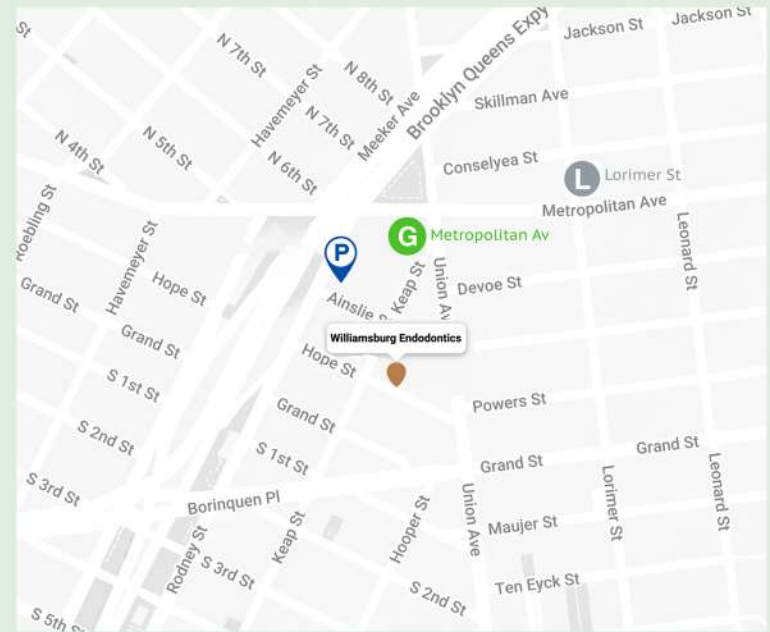
- Root Canal Treatment
 Root Canal Retreatment
 Apicoectomy Surgery
 CBCT & Consultation
 Consultation Only
 Other

RESTORATIVE INSTRUCTIONS

- Place teflon and cavit
 Leave post space
 Place core build-up
 Place post and build-up
 Special Instructions _____

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@wb.endo

INFORMATION FOR PATIENTS

PLEASE BRING TO YOUR APPOINTMENT:

- This form
- Information to complete a health history
- Dental insurance information

Our staff is happy to help you with any questions.
We look forward to your visit with us.