Red Rocks ENDODONTICS LLC

Scott Horsley, DDS, MS I Spencer Nielsen, DDS, MSD I Christopher Wood, DMD
Justin Farmer, DDS, MDS I Alison Morrison, RN, DMD

REFERRED BY DR: _____

PATIENT NAME : _____ DOB: _____

DATE PT _____ REFERRED:PT _____
PHONE NUMBER:

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RIGHT LEFT

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

DEvaluate D Severe Toothache D Vague Toothache DExposed Pulp Pathology
DEIective Root Canal Therapy D Create Pilot Post Space Other

NOTES: _____

www.RedRocksEndo.com