

Stephen T. McInerney, DDS, MS

ROOT CANAL SPECIALISTS, P.C.
Practice Limited to Endodontics



Introducing _____

Date _____

RCT

- PULP WAS EXPOSED
- RADIOLUCENCY
- EVALUATE PAIN OR SWELLING
- EVALUATE VAGUE TOOTHACHE
- PLEASE PREPARE POST HOLE

CBCT

- 3D FULL
- 3D SINGLE
- PANO

MOLARS			BIC		ANTERIORES						BIC		MOLARS		
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

Circle teeth for endodontic consideration

OTHER _____

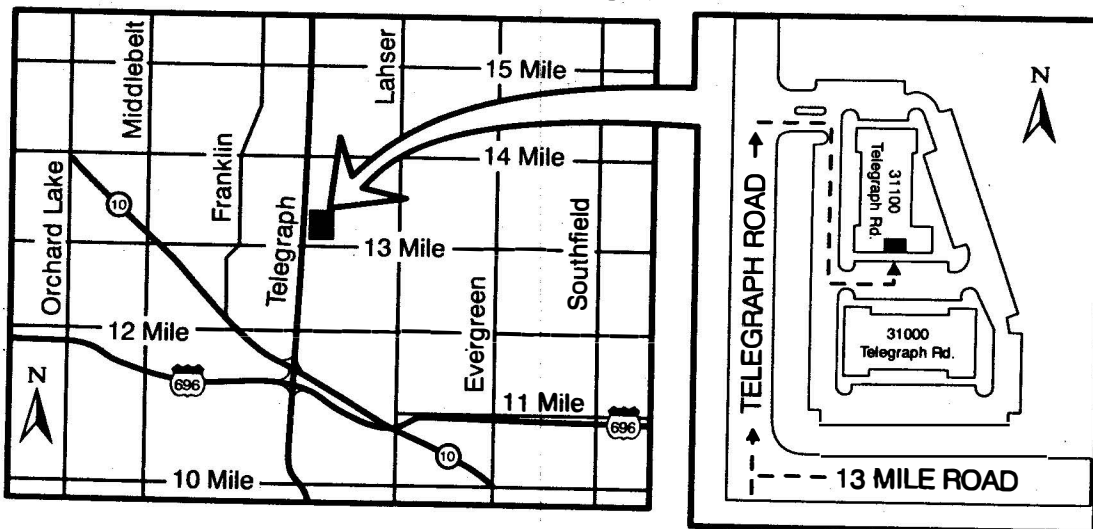
See reverse side for directions.

Dr. _____

NOTE: All patients will be instructed to return to referring dentist for restoration after endodontic treatment is completed.

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