Apex Endodontics
Precise Endodontic Care
Practice Limited to Endodontics

Theodore R. Grigg, D.M.D.

AMERICAN ASSOCIATION OF ENDODONTISTS
SPECIALIST MEMBER

5481 Colony Dr. N. • Saginaw, MI 48638 • Ph: 989-791-3636 • Fax: 989-791-3632

_____ 20_____

This will introduce _____

FOR ENDODONTIC CONSIDERATION

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

- ❑ Patient has pain, swelling, sensitivity or vague toothache. Please evaluate and treat.
- ❑ Pulp was exposed - Vital/ Necrotic
- ❑ X-ray demonstrates pulpal involvement/ radiolucency. Please evaluate and treat.
- ❑ Endodontic retreatment may be necessary. Please evaluate.
- ❑ Endodontic surgery may be necessary. Please evaluate.
- ❑ Please perform endodontic treatment for restorative purposes.
- ❑ Please prepare post space.
- ❑ Evaluate **ONLY.**
- ❑ Other _____
  _____

COMMENTS: _____

APPOINTMENT TIME: _____

REFERRED BY DR. _____ PHONE: _____

PATIENT WILL BE INSTRUCTED TO RETURN TO THE REFERRING DENTIST FOR FINAL RESTORATION

THEODORE R. GRIGG, D.M.D.

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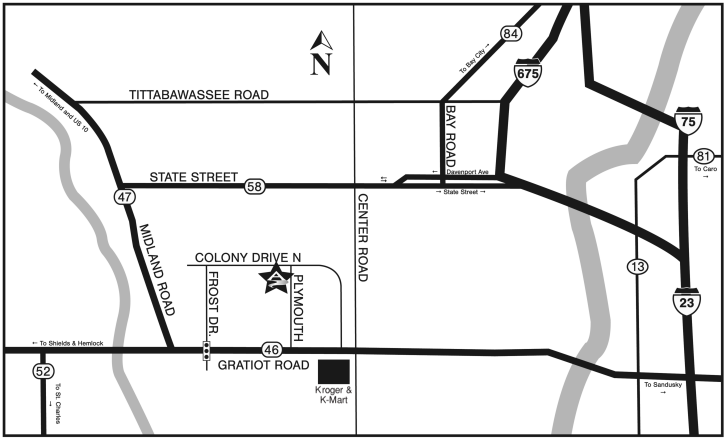
Located behind TCF Bank off Gratiot (M-46).



CANCELLATION POLICY

If you have to cancel an appointment, please notify us at least 24 hours in advance. You will be charged a fee for any appointment not cancelled with 24 hours notice.