MODERN ENDODONTIC SPECIALISTS

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Brian D. Barnhart, DMD
Daniel F. Morris, DMD, MSD
Peter J. Moses, DDS
Stephanie M. Chan, DMD
Irina Zagorodny, DMD
Ian Prins, DMD

Date:_____

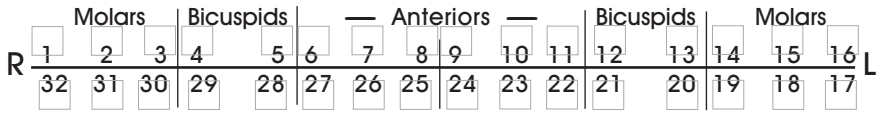
Introducing _____

Referred by Dr. _____

Date of appt. _____ Time _____

Office Location (circle) Liverpool Watertown Fayetteville Auburn

Check teeth or area of concern:



- ☐ Suggest elective endo
- ☐ X-rays showed apical radiolucency
- ☐ X-rays showed calcified canals
- ☐ Root canal started
- ☐ X-rays enclosed
- ☐ Return X-rays
- ☐ Leave post space
- ☐ Offer patient implant if indicated
- ☐ Recent Restorations, Teeth #'s, Dates and Comments:

_____

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Important

Dear Patient, bring this copy and any x-rays to your appt.

You may go to rootcanaldoctor.org for more information

Update 08/23