



## Precision Endodontics

Fernando Urzua, DDS

Patient Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_

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	

- |   |   |
|---|---|
| <input type="checkbox"/> Root Canal Therapy | <input type="checkbox"/> Post Space         |
| <input type="checkbox"/> Re-Treatment       | <input type="checkbox"/> Call First         |
| <input type="checkbox"/> Apicoectomy        | <input type="checkbox"/> Consultation       |
| <input type="checkbox"/> Nitrous Oxide      | <input type="checkbox"/> Conscious Sedation |

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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