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INTRODUCING: _____ DATE: _____

REFERRED BY DR. _____ TOOTH#: _____

APPOINTMENT SCHEDULED FOR: _____

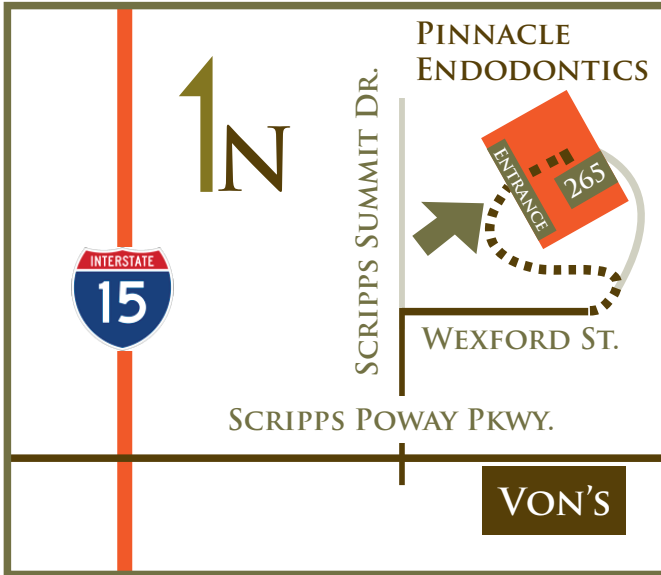
	DAY								DATE								TIME
RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

HISTORY:

PAIN PULP CAP PULP EXPOSURE
 SWELLING TRAUMA OCCLUSION ADJUSTED
 PULP EXTIRPATION ANTIBIOTIC PRESCRIBED _____
 PULPOTOMY ANALGESIC PRESCRIBED _____
 OTHER _____

TX TO BE CARRIED OUT IN THE ENDODONTIC OFFICE:

TREAT AS NECESSARY INTENTIONAL ENDODONTICS
 ASSIST WITH DIAGNOSIS ENDODONTIC TREATMENT
 ENDODONTIC RETREATMENT PLACE INTRACORONAL RESTORATION
 PREPARE POST SPACE OTHER _____



LOCATED :

IN SUITE 265 VIA THE WEST ENTRANCE OF THE
PINNACLE MEDICAL BUILDING.