Please Bring to Appointment

PINNACLE
DENTAL SPECIALTY GROUP
ENDODONTICS

Patient Name

Referred By Date

Please Circle Tooth/Teeth:

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	

Reason for Referral:

- □ Root Canal Treatment
- □ Surgical Root Canal Treatment
- □ Re-Treatment
- □ Consultation Only

Doctor Preferences:

- □ Cotton Pellet & Temporize
- □ Restore Access
- □ Leave Post Space
- □ Build-Up

Doctor's Remarks:

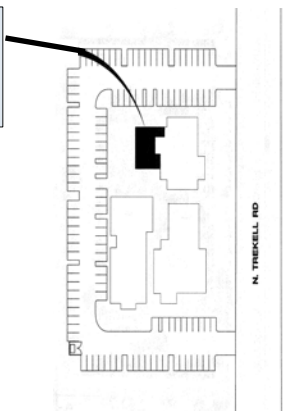
CASA GRANDE
1821 N Trekell Rd, Ste 6
(520) 552-6446 Fax: (520) 552-6477
pinnacledsg.com
cg@pinnacledsg.com

PINNACLE
DENTAL SPECIALTY GROUP

Your Appointment:

Date Time

We are located off N Trekell Rd, about one-half mile north of E Cottonwood Lane



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