



Cristina Maresca DDS, MS.
Root Canal Specialist

1600 Olive Chapel Road, Suite 100, Apex NC 27502
Phone: 919 363 1419 Fax: 919 654 6244

Patient _____ Date _____

Phone _____

For Endodontic Consideration

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

Referred For Evaluation Referred for Root Canal Treatment

Please:

Prepared post space Placed post Y N

Restored access under rubber dam with:

- Purple Composite / Yellow Teflon / Temporary
- Other _____

Comments: _____

Referring Dr. _____

E-mail: _____

Phone: _____

marescac@peakendonc.com

www.peakendonc.com



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