



LEXINGTON
ENDODONTICS

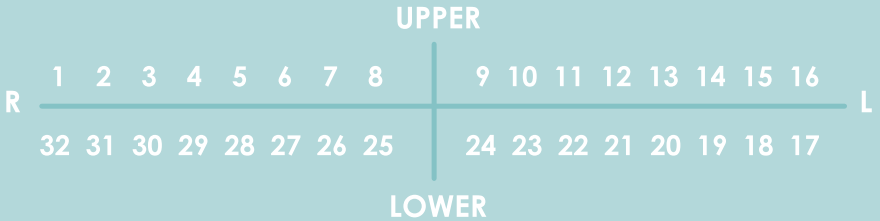
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Today's Date _____

Patient's Name _____

Referred By _____

Please circle the tooth to be evaluated



- Root Canal Therapy
- Root Canal Retreatment
- Apicoectomy
- CBCT Scan
- Consultation
- Core Build-up
- Post Space

Notes: