



# Integrated Endodontics

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*Endodontist*

Warrendale Office

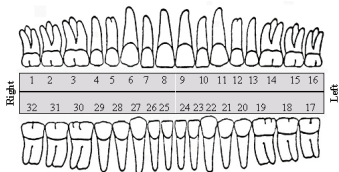
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PATIENT NAME: \_\_\_\_\_



Universal Charting System.

- |  |  |
|--|--|
| <input type="checkbox"/> Endodontic Evaluation | <input type="checkbox"/> Biopsy                |
| <input type="checkbox"/> Initial Treatment     | <input type="checkbox"/> Cone Beam 3D scan     |
| <input type="checkbox"/> Retreatment           | <input type="checkbox"/> Other- Please Specify |
| <input type="checkbox"/> Apicoectomy Consult   | _____  |
| <input type="checkbox"/> Remove Post           | _____  |
| <input type="checkbox"/> Leave Post Space      | _____  |
| <input type="checkbox"/> Emergency             | _____  |

DATE: \_\_\_\_\_

REFERRED BY DR: \_\_\_\_\_

PLEASE CALL ME

TELEPHONE NO: \_\_\_\_\_

WHITE - Patient Copy

CANARY- Referring Doctor Copy

