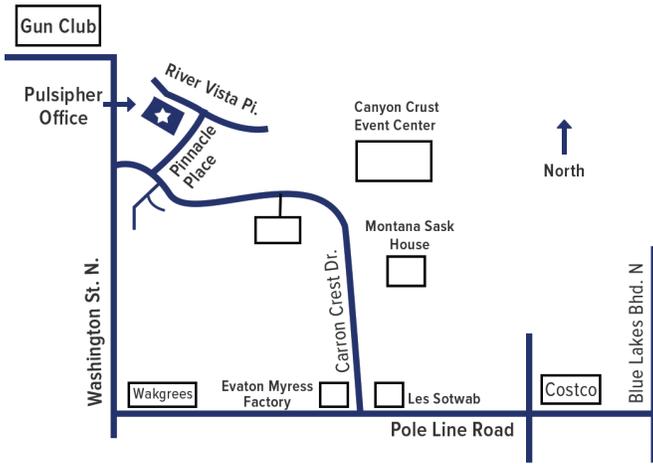


PULSIPHER ENDODONTICS

CRAIG D. PULSIPHER, D.D.S.



142 RIVER VISTA PLACE • TWIN FALLS, ID 83301
 (208) 734-7450 • FAX (208) 734-7484
www.twinfallsendo.com

STATUS OF TOOTH _____

- | | |
|---|--|
| <input type="checkbox"/> Patient has Discomfort | <input type="checkbox"/> Periapical Pathosis |
| <input type="checkbox"/> Open for Drainage | <input type="checkbox"/> Restoration Cemented: |
| <input type="checkbox"/> Pulporomy Performed | <input type="checkbox"/> Temporary |
| | <input type="checkbox"/> Permanent |

SERVICES REQUIRED _____

- | | | |
|--|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Root Canal Tx | <input type="checkbox"/> Re-Tx | <input type="checkbox"/> Surgical Tx |
| <input type="checkbox"/> Restore Access Opening With: <input type="checkbox"/> Cavit <input type="checkbox"/> Composite <input type="checkbox"/> Amalgam | | |
| <input type="checkbox"/> Post Space Preparation | | |
| <input type="checkbox"/> Other: _____ | | |

Introducing _____

Tooth # _____

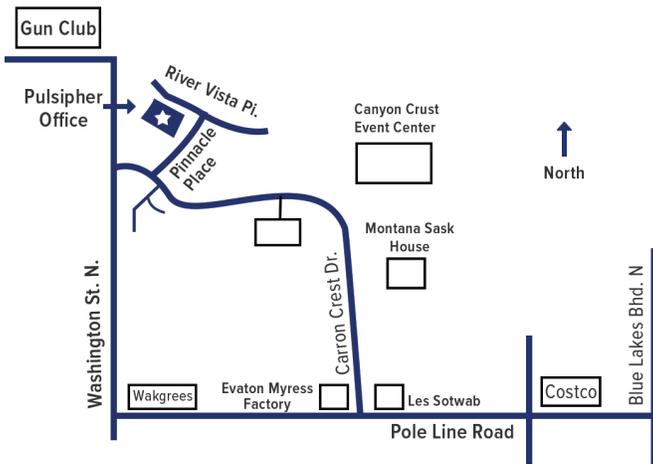
Referred by _____

Your appointment has been scheduled for:

Date _____ Time _____

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Introducing _____

Tooth # _____

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