

LAFAYETTE **LE** ENDODONTICS, P.C.

Steven M. Patterson, D.D.S., M.S.D.
Practice Limited to Endodontics

Medical Arts Building

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(map on back)

Referred by Dr. _____

Date Referred: _____

Introducing My Patient: _____

Appointment date: _____ / with Dr. Patterson

- Patient has pain, swelling or sensitivity. Please evaluate and treat.
- Tooth needs interceptive endodontics
- Tooth has pulp exposure
- Tooth has been opened
- X-ray revealed a radiolucency
- X-ray revealed pulpal involvement.
- Please evaluate for periapical surgery
- Need post space

	Molars		Bicuspid				Anterior				Bicuspid				Molars		
<i>right</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<i>upper</i>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	<i>lower</i>

(circle teeth for endodontic consideration)

comments: _____

A charge will be made for broken appointments unless notice is given 24 hours in advance.