



EVAN NOVICK, DMD

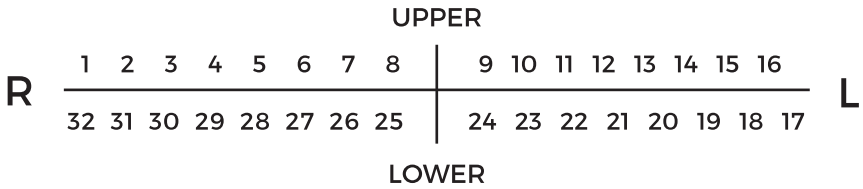
3535 RANDOLPH RD STE 101
CHARLOTTE, NC 28211
TEL: 704-412-3600
FAX: 980-299-8626
WWW.NOVICKENDO.COM

Today's Date _____

Patient's Name _____

Referred by Dr. _____

PLEASE MARK TEETH TO BE TREATED



TREATMENT DESIRED

- Consultation Root Canal Therapy Root Canal Retreatment
- Apicoectomy Surgery Post Space Preparation

Other Service / Special Instructions _____

PRIOR TREATMENT

- No treatment involving Pulp Pulpotomy or Pulpectomy
- Pulp Exposure and Cap Previous Endodontic Treatment/Surgery

RESTORE ACCESS WITH:

- Temporary Composite