

Finley Endodontics, Inc

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www.finleyendo.com

Date: _____

Appointment Date: _____

Appointment Time: _____

Referring Doctor: _____

Phone Number: _____

Right								Left							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Prescription Given: _____

Restorative/Periodontal Treatment Plan: _____

Patient Needs:

- Evaluation/Consultation Only
- Evaluation w/treatment, if needed
- Endodontic Treatment
- Endodontic Re-treatment
- Apicoectomy
- Prophylactic/Intentional Endodontic Treatment for Restorative/Periodontal Procedure

Coronal Endodontics:

- Temporary Filling
- Composite
- Amalgam
- Make Post Space/Prep
- Post and Core Build Up
- Other: _____