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**CONTEMPORARY**  
E N D O D O N T I C S

PRACTICE LIMITED TO ENDODONTICS

MICROSCOPIC & MICROSURGICAL ROOT CANAL THERAPY

7600 College Drive • Suite 17 • Palos Heights, IL 60463 • 708/361-1770 • palos.endo@sbcglobal.net

INTRODUCING \_\_\_\_\_ DATE \_\_\_\_\_

- Consultation
- Root Canal Therapy
- Retreatment
- Apical Surgery
- 3D Cone Beam CT Scan
- Panorex

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

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- RADIOGRAPHS SENT  EMAIL  WITH PATIENT
- IS POST ROOM REQUIRED?  YES  NO  PLEASE CALL
- PLACE CORE BUILD UP?  YES  NO
- BOND CANAL ORIFICE(S)?  YES  NO Dr. \_\_\_\_\_

We welcome the opportunity to serve you and your endodontic needs. Your dentist has determined a need for endodontic treatment or evaluation. Our office specializes in providing this care to the most sensitive of patients, regardless of the complexity of treatment. Usually when treatment is needed, it can be completed in our office using local anesthesia in one or two visits. Temporary fillings are placed after each visit and upon completion of your treatment with us, you'll return to your dentist for the placement of a crown or other final restoration. We look forward to meeting you and working with you in the maintenance of your oral health.

Please visit our website at [www.palosrootcanal.com](http://www.palosrootcanal.com) for patient registration and additional information about our practice.





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Located on the 2nd Floor, down the hallway between the elevator and stairwell

Visit our website at [www.palosrootcanal.com](http://www.palosrootcanal.com) for driving directions

