CONTEMPORARY
ENDODONTICS

PRACTICE LIMITED TO ENDODONTICS

MICROSCOPIC & MICROSURGICAL ROOT CANAL THERAPY

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Richard J. Pasiewicz, D.D.D., M.A.
Omar M. Maktabi, D.D.S.

Introducing: _____

Date: _____ ☐ Consultation ☐ Cone Beam CT

☐ Root Canal ☐ Retreatment ☐ Apicoectomy

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: _____

_____

_____

Dr. _____ ☐ **Please Call**

Is Post Room Required? ☐ **Yes** ☐ **No**

Place Core Build Up? ☐ **Yes** ☐ **No**

Bond Canal Orifice(s)? ☐ **Yes** ☐ **No**

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 permanent restoration. We look forward to working with you in the maintenance of your oral health.

specialist member

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