



DOUGLAS E. THOMAS DDS
Diplomate, American Board of Endodontics



Patient's Name	Date
Referring Dentist	Tooth #

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

- | | |
|--|---|
| <input type="checkbox"/> Consulting/ diagnosis | <input type="checkbox"/> Do Not Place Core BU |
| <input type="checkbox"/> Endodontic therapy | <input type="checkbox"/> Please Call Me |

Comments: _____

POS* Reorder # 0321549

7500 E. Pinnacle Peak Road
Suite A100
Scottsdale, AZ 85255

A100 Toledo
Mixed - Use Facility
480-585-2824

