

CARE ENDODONTICS, P.C.
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Practice Limited to Endodontics

Patients Name: _____

Referred by Doctor: _____

Patient's Right

Patient's 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

Treatment: _____

Rationale: _____

Directions on the back of this form.

Directions

From 84 East or West

Take Exit 46 (Sisson Avenue)

Turn right onto Sisson Avenue

Turn right at traffic light onto Farmington Avenue

Turn left onto Lorraine (one-way street)

1/8 mile on left side

Beige Victorian House

#436 Farmington Avenue

