



Pasadena
Microscopic
Endodontics

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Practice Limited to Microscopic Endodontics

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DATE _____

(Please ask patient to bring this form to their consultation)

INTRODUCING _____

REFERRED BY DR. _____

CONSULTATION: **Tooth** **(Teeth)**

TREATMENT:

R	Molars			Pre-Molars			Anteriors					Pre-Molars			Molars			L
	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	Maxillary Mandibular	

REMARKS _____

- Please perform bonded build up
- Please perform bonded post and core
- Please perform post space

Patient's Appointment:

Day _____ Date _____ Time _____

See directions on other side