



Dr. Benjamin Webber, DDS

Microscopic Root Canal Specialist

Gentle...Kind...Painless.

2287 Raleigh Court, Suite A
Clarksville, Tennessee 37043

(931) 553-8484

Fax: 888-235-6922

Email: info@allianceendodontics.com

Introducing _____
for Endodontic consideration of the following tooth/teeth:

Appointment _____ at _____ o'clock

MOLARS			BIC		ANTERIORS						BIC		MOLARS		
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

STATUS:

- Endodontic Evaluation & Treat As Necessary
- Endodontic Surgery
- Pulp exposed or Pulp cap
- Crown is cemented _____ Temporarily _____ Permanently
- Recent Restoration
- Remarks _____

Post space required _____ Yes _____ No

Signed Dr. _____



Please view an interactive video that explains root canal therapy and will answer most of your questions at our website www.AllianceEndodontics.com



← MAP TO CLARKSVILLE OFFICE ON OTHER SIDE →

