



**LEHIGH VALLEY ENDODONTICS
ALLENTOWN, PC**

Timothy Lin DMD
Toni Chen DMD

1651 N. Cedar Crest Blvd., Suite 209, Allentown, PA 18104

Tel: 610.821.1130 - Fax: 610.821.7705

www.lveallentown.com

Practice Limited to Endodontics

Today's Date: _____

Appointment Information

This time is reserved specifically for you. If by necessity, you must cancel your appointment, please notify us at least 24 hours in advance.

Introducing: _____

Appt. Date: _____ Dr: _____

Referred For The Following:

- | | |
|---|---|
| <input type="checkbox"/> Consultation & Diagnosis | <input type="checkbox"/> Prophylactic Endodontics |
| <input type="checkbox"/> Root Canal Treatment | <input type="checkbox"/> Pulp Exposure |
| <input type="checkbox"/> Retreatment | <input type="checkbox"/> Remove Post |
| <input type="checkbox"/> Leave Post Space | <input type="checkbox"/> Crown/Bridge is Cemented: |
| <input type="checkbox"/> Apicoectomy / Retrograde | <input type="checkbox"/> Temporarily <input type="checkbox"/> Permanently |
| <input type="checkbox"/> CBCT 3D Image | <input type="checkbox"/> Please Call Me |

Temporary Filling Choice: Cavit Tempit Ketac Other _____

PLEASE MARK TEETH OR AREA TO BE TREATED

UPPER

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	

LOWER

Remarks or Special Instructions: _____
