

Joplin

# Endodontics

**Bradley S. Laird, DDS, PC**

5227 S. Main St., Suite A  
Joplin, Missouri 64804

417-782-ENDO (3636)  
Fax: 417-553-7996  
joplinendo@cableone.net

\_\_\_\_\_, 20\_\_\_\_

Patient Name \_\_\_\_\_

Patient will return to referring dentist for final restoration.

Remarks: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Appointment \_\_\_\_\_

**PLEASE ASK PATIENT TO BRING THIS FORM  
TO HIS/HER FIRST APPOINTMENT.**

Molars			PreMolars		Anteriors						PreMolars		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

**RIGHT**

**LEFT**

**TO BE FILLED IN BY DENTIST**

- Tooth has been opened, medicated and sealed.
- I have placed the patient on an antibiotic and/or an analgesic.
- Leave post space.
- Patient has toothache, please evaluate and treat as needed.
- Other/Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_