



**TORRES DENTAL SPECIALTIES PLLC**  
COMFORT COMPASSION EXPERIENCE

Craig P. Torres, DDS  
Board Certified Endodontist  
4402 Williams Drive, Suite #104, Georgetown, TX 78628

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

Date \_\_\_\_\_

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

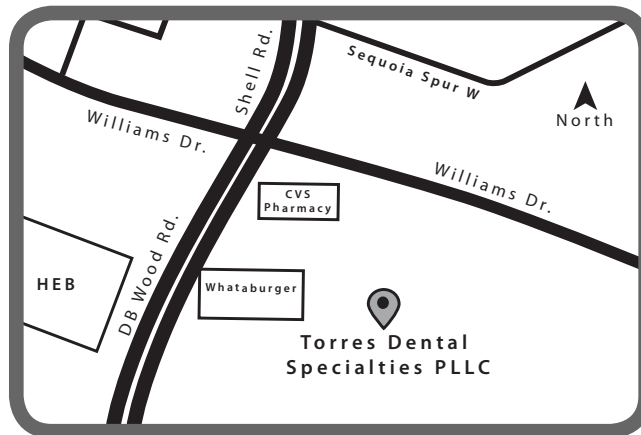
Please Mark Teeth or Area to be Treated

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

Please Complete

- |   |   |
|---|---|
| <input type="checkbox"/> Evaluation Only                  | <input type="checkbox"/> Apicoectomy            |
| <input type="checkbox"/> Evaluation & necessary treatment | <input type="checkbox"/> Post space Preparation |
| <input type="checkbox"/> Root Canal Therapy               | <input type="checkbox"/> Post and core          |
| <input type="checkbox"/> Re-treatment                     | <input type="checkbox"/> Other: _____           |

Special Instructions or Comments \_\_\_\_\_



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