

# Edward J. Stec DDS, MS

Specialist in Endodontics

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Date \_\_\_\_\_

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

Phone \_\_\_\_\_

For:

- Consultation
- RCT
- Apexification
- Retreat
- Apical Surgery
- Hemisection
- Root Amputation
- Replantation
- Bleaching

Medical & Treatment History: \_\_\_\_\_

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

	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
RIGHT																		LEFT
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Referring Practice \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

