Samantha H. Roach, DDS, MS

Diplomate, American Board of Endodontics

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15015 Cimarron Ave, Rosemount, MN 55068

Date _____

Patient Name _____

Phone _____

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

Medical & Treatment History: _____

_____

_____

RIGHT	**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**

LEFT

Appointment Date _____ Time _____

Referring Doctor _____

Referring Practice _____

Email _____

Phone _____

Fax _____

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ENDODONTICS