



Jon-Brighton Russell, D.M.D., M.D.S.
 Microscopic and Microsurgical Root Canal Therapy

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Patients Name: _____ Telephone Number: _____

Referring Doctor: _____ Telephone Number: _____

Please circle tooth/teeth for endodontic consideration:

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

- Consult only.
- Diagnosis and necessary treatment.
- Other. _____

Comments/Remarks:

Appt Date/Time: ___/___/___ AM PM _____

Map to Mississippi Endodontics

