

I. RICHARD MASSOTH, DDS,
LISE LAFLAMME, DMD, INC.

ENDODONTICS

5567 Reseda Blvd., Suite 100
Tarzana, California 91356
(818) 705-1274
rmassoth53@gmail.com

Introducing _____

Referred by Dr: _____

Date _____

Tooth or Area in Question _____

Right											Left					
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	

INSTRUCTIONS OR COMMENTS:

SPECIAL REQUESTS:

- Consultation Only
- Intentional Endodontics
- Post Space Preparation
- Provide Post/Core Buildup
- Bleach: Vital/Non Vital
- Apexification
- Root Removal/Hemisection
- Apicoectomy/Amalgam Retrofill
- N₂O/O₂ Analgesia/Premedication
- Please call prior to treatment
- Other _____

YOUR APPOINTMENT

DAY MONTH DATE

AT _____ A.M.
 P.M.

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Please bring this card with you.
Thank you.

