

YAMPA VALLEY ENDODONTICS

DR. ALEX C. TROXEL, DDS, MSD

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Introducing: _____

Phone: _____

Appointment Date: _____ Time: _____

Please Circle Tooth 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

Remarks: _____

Please Check Restorative Preference:

- Sponge and Temp
- Permanent Core Build-Up
- Liner, Sponge & Temp
- Leave Post Space

Referred by Dr. _____