



PATIENT: _____ DATE: _____

PATIENT PHONE: _____ REFERRING DR: _____

PATIENT EMAIL: _____

Please email patient x-rays to: office@northeasternendo.com

		A	B	C	D	E			F	G	H	I	J				
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		
RIGHT		T	S	R	Q	P			O	N	M	L	K	LEFT			

Root Canal Treatment

Retreatment

Consultation Only

Consult for Apical Surgery

Pain, Swelling, or Sensitivity

Pulp Exposure

Radiolucency Noted

Fracure Suspected

Place Bonded Orifice Barrier

Prepare Post Space

Restore Access

Place Core Build-up

NOTES:

F. MICAH NUZUM, DDS MS
STEPHEN BALZER, DDS MS

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330.345.1200 (T) | 330.345.1211 (F)
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Our office is located in the Cleveland Centre building, on the west side of Cleveland Rd. (Route 3), one block south of the 83 and 3 interchange, across from the Green Leaf Restaurant. The entrance is in the back of the building. Patient parking provided.

