

MAXWELL BEATTIE, DDS, MS

Root Canal and Microsurgery Specialist

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Introducing _____ Date: _____

Referred by Dr. _____ Phone: _____

Area of Concern

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

Desired Treatment

- | | |
|---|--|
| ☐ Evaluation Only | ☐ Endodontic Microsurgery/Apicoectomy |
| ☐ Root Canal Treatment | ☐ CBCT |
| ☐ Retreatment | ☐ Other (Describe Below) |

Additional Notes

3829 Woodley Rd. Ste #5
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Toledo, OH 43606

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PRACTICE LIMITED TO ENDODONTICS

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