Kirk D. Brown, DDS, MS
3000 Village Pkwy Suite 420
Highland Village, TX 75077

Patient Name ______________________ Phone ______________________

Date ______________________

Referred by Dr. ______________________

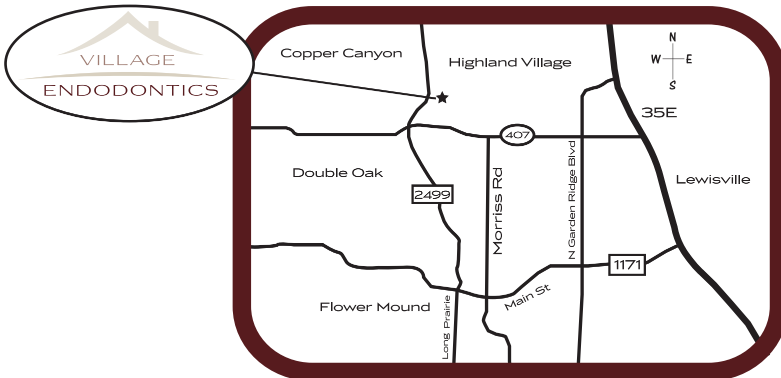
Please Mark Teeth or Area to be Treated

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

Please Complete

- ☐ Evaluation Only
- ☐ Evaluation & necessary treatment
- ☐ Root Canal Therapy
- ☐ Re-treatment
- ☐ Apicoectomy
- ☐ Post space preparation
- ☐ Post and core
- ☐ Other: ______________________

Special Instructions or Comments ______________________



T: 972.317.5300
villageendodontics.com
F: 972.317.5311