



ENDODONTIX®

DENTAL GROUP, P.A.

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Today's Date: _____

Introducing: _____

Patient's Phone Number (H) _____ (W or Cell) _____

Referred By Dr. _____ Doctor's Phone _____

- Patient will call to make an appointment
- An appointment has been made for DATE _____ TIME _____
- Call Patient to make an appt.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	L

- Consultation and Diagnosis
- Root Canal Therapy
- Retreatment of Root Canal
- Apicoectomy/Retrograde
- Post Space Preparation
- Internal Bleaching
- Other _____
- CBCT with Radiology Report
- CBCT without Radiology Report
- Post Removal
- Incision and Drainage
- Place Post and Core
- Place Core Only

Special Instructions _____

www.Endodontix.com
Board Certified Endodontist