



SOUTH TEXAS ENDODONTICS

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ABE BOARD CERTIFIED

Dr. Heather Burbick, DDS
ABE BOARD CERTIFIED

Dr. Beatriz Robles, DDS
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Name _____

Date _____

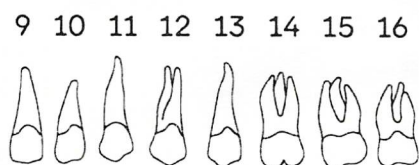
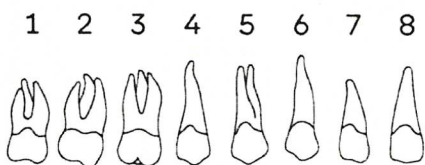
Phone _____

Appointment Date _____

Time _____

Referred by _____

Phone _____



32 31 30 29 28 27 26 25

24 23 22 21 20 19 18 17

REASON FOR REFERRAL

- Patient has pain, swelling, sensitivity
- Tooth has been previously opened
- Medical health alert

Other _____

TREATMENT REQUESTED

- Diagnosis only
- Treatment
 - Post Core
- Prepare post space only
- Repair Access with:
 - Composite Temporary
 - Alloy

Other _____

 Comments _____

