

HUDSON VALLEY ENDODONTICS

Dr. Peter Ham

Dr. Alexander Milne

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www.hverootcanal.com

Treatment Tooth# ____

Consultation & Evaluation Tooth# ____

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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 |

Patients Name _____ Date _____

Referred by Dr. _____

Comments _____

Cavit/Cotton Cotton/Composite Bonded Core

Post Space Post-n-Core

Turn over for directions

Please arrive 15 minutes prior to dental appointment to fill out forms.

