



Matthew B. Balasco, D.D.S., Inc.

Practice Limited to Endodontics

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Phone: 614-864-2140 Phone: 740-687-5900

Introducing: _____
for endodontic consideration.

Your appointment is: _____

Referred by Dr. _____ Date _____

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

- ☐ Examination and Diagnosis
- ☐ Endodontic Therapy, Tooth No. _____
- ☐ Retreatment, Tooth No. _____

- ☐ Surgery
- ☐ Dowel / Post Preparation Required
- ☐ Comments _____