



William Catanzaro, DMD

NORTHEAST ALABAMA
ENDODONTICS

Today's Date _____

Patient's Name _____

Referred by Dr. _____

please mark teeth to be treated

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

treatment desired:

- Consultation Root Canal Therapy Root Canal Retreatment
- Apicoectomy Surgery Post Space Preparation

Other Service/Special Instructions: _____

restore access with:

- Temporary Composite Amalgam

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