



Hanover Endodontics

Ghyath Alkhalil, DMD, CAGS

Adela Agolli, DMD, CAGS



Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

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

Treatment

- Endodontic Consultation
- Endodontic Therapy
- Endodontic Retreatment
- Apical Surgery (Apicoectomy)

Leave Post Space

- Yes
- No
- 3D-CBCT Scan

Is antibiotic pre-medication necessary?: \_\_\_\_\_

Remarks: \_\_\_\_\_

Thank you very much for referring this patient to us.

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