

7593 Boynton Beach Blvd., Suite 180, Boynton Beach, FL 33437 Tel: 561-740-3646 Fax: 561-740-3664

	Date																	
Introducing:																		
Re	Referred by Dr.:																	
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	Root Canal Treatment									Dia	gnosi	S						
	Retreatment Endodontic Surgery						☐ Endodontic Emergency ☐ Other											
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		32	31	30	29	28	27			_		22					17	
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Ad	dition	al Inf	orma	tion														
	Pulp was exposed							□ Dental trauma										
	RCT begun							☐ Leave post-space										
	Pre-posthetic endodontic required							 Antibiotic prophylaxis required 										
	Please call me to discuss the case																	
	Plea	ase c	all me	to a	Scuss	3 the	ouou											

JAIME J. SILBERMAN, DDS, MS Laurence Posner, DDS

Silberma	n Endodontics Appointment
Date:	Time: If you are unable to keep this appointment, kindly give 24 hours notice.



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Silberman Endodontics is located in the first floor of the Ansca Medical Professional Plaza

www.silbermanendodontics.com