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**Endodontic Partners**  
**OF FLORIDA**

**Westside Location**  
5911 Timuquana Rd., Ste 101  
Jacksonville, FL 32210  
**(904) 777-5878**

**Fernandina Location**  
960185 Gateway Blvd., Ste 204  
Fernandina Beach, FL 32034  
**(904) 491-6363**

Introducing.....

FOR ENDODONTIC EVALUATION OF THE FOLLOWING TOOTH (TEETH), THIS PATIENT NEEDS:

- |   |  |   |
|---|--|---|
| <input type="radio"/> Diagnosis of Tooth #  | <input type="radio"/> Evaluate Previously Endodontically treated tooth # | <input type="radio"/> Hemisection #           |
| <input type="radio"/> Root Canal Therapy #  | <input type="radio"/> Retreat Previously Endodontically treated tooth #  | <input type="radio"/> Replantation of Tooth # |
| <input type="radio"/> Post/Core Build-up #  | <input type="radio"/> Root Resection (Apico) #                           | <input type="radio"/> Apexification #         |
| <input type="radio"/> Post Space Required # | <input type="radio"/> Root Amputation #                                  | <input type="radio"/> Bleaching of Tooth #    |
|   |  | <input type="radio"/> Caries Control #        |

Remarks.....

Patient's appointment on.....

at .....

Signed Dr. .... Phone # .....