



Hanover Endodontics

**Rayan Kafri, DMD, CAGS, MScD**

**Ghyath Alkhalil, 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)

After Root Canal Treatment

- Post/Build-up
- Core Build-up
- Leave Post Space

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

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

\_\_\_\_\_  
\_\_\_\_\_

Thank you very much for referring this patient to us.

51 Mill St., Unit #4, Hanover, MA 02339  
Phone: 781-924-5657 • Fax: 781-924-5537  
www.Hanoverendodonticsllc.com



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