

BLAIR ENDODONTICS AND MICROSURGERY, LLC
175 Lakemont Park Blvd. • Altoona, PA 16602

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www.bemdentalcare.com
Dr. Mina Saad, DMD



Introducing _____

Address _____

Phone # _____ Work # _____

DIAGRAM OF TEETH

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

Please check what is to be done

- | | |
|---|---|
| <input type="checkbox"/> Consultation/Evaluation | <input type="checkbox"/> Nitrous Oxide |
| <input type="checkbox"/> Root Canal Treatment | <input type="checkbox"/> Post Space |
| <input type="checkbox"/> Consultation for Retreatment | <input type="checkbox"/> Bleaching of Tooth |
| <input type="checkbox"/> Consultation for Apicoectomy | |

Remarks _____

Referred by Dr. _____ Date _____

Please remind your patient to pre-medicate if needed and to bring all necessary insurance information.

Parent or legal guardian must accompany all minor patients.