



ADVANCED
endodontics
OF TAMPA BAY

Michael Orrantia, D.M.D.
Douglas P. Bethoney, D.M.D.
Vincent M. DeNitto, D.M.D.

Date: _____

Introducing: _____

Appointment Date: _____ Time: _____

Tooth or Area in Question:

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

Post Space: Yes No

Remarks: _____

Referred by Dr. _____ Tel: _____

