



TOM GILLEN

D.M.D.

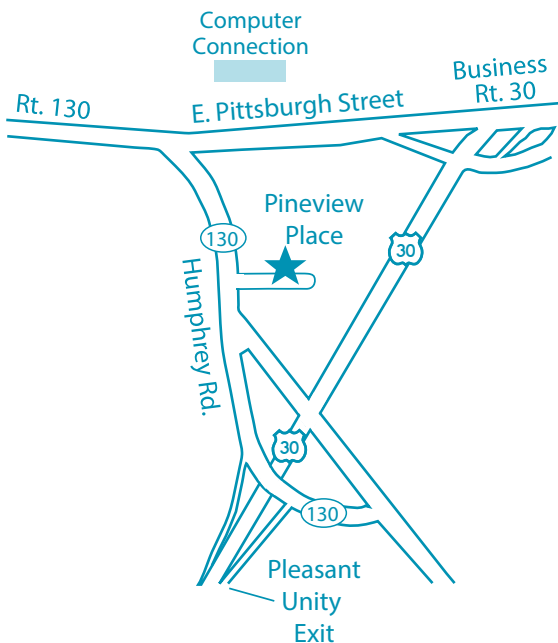
Root Canal Specialist

One Pine View Place
Suite 6
225 Humphrey Road
Greensburg, PA 15601

724-834-1644

Fax: 724-834-7964

tgillenrct@yahoo.com



Introducing _____

Date _____ Time _____

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

Consultation

Consultation Only

Apicoectomy

Non-treated Teeth

Initial treatment-RCT required

Trauma/Avulsed Tooth

Previously Treated teeth

Retreatment

Post Removal

Separated Instrument

Previous Access

Restorative

Post Space

Bonded Core

With Post

Referred by: _____

Remarks: _____

Please call @ _____