



ENDODONTIC ASSOCIATES OF ALBUQUERQUE

Robert Hochberg, DDS

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Phone: 505.881.6902 Fax: 505.881.7496

Date: _____

Patient Name: _____

Referring Doctor: _____

Tooth/Teeth: _____

- ☐ Evaluation Only
- ☐ Root Canal Treatment
- ☐ Root Canal Retreatment
- ☐ Post Removal
- ☐ Post Space
- ☐ Apicoectomy
- ☐ Other: _____

Comments: _____

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