

OahuEndodontics Inc.

Kimo M. Chun, D.D.S.

Ala Moana Building
1441 Kapiolani Blvd.
Suite 1416
Honolulu, HI 96814

phone (808) 949-3960

fax (808) 949-3040

www.oahuendo.com

Patient Name:: _____

Referring Doctor:: _____

Today's date:: ____ / ____ /20__

Appointment date:: ____ / ____ /20__ @ ____ : ____ am/pm

Tooth # _____ ::

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

Procedure::

- Consultation only
- Root canal therapy
- Retreatment root canal therapy
- Apicoectomy

Please specify::

- Cotton and cavit filling
- Cotton and IRM filling
- IRM only filling
- Leave post space

Comments:: _____
