

Candace De Veaux, D.D.S., M.S.D.

Endodontic Specialist 15 Ruth Dr. Newnan, GA 30265-1339

Tel: 770-253-3171

Pain Periapical Lesion Fracture/Crack Bite Sensitivity Trauma Post Space Pulp Exposure RCT Initiated Pulp Exposure RCT Initiated RCT Ini	DATE:				
APPOINTMENT DATE: Requested Treatment Candace De Veaux, D.D.S., M.S.D. Post Space	INTRODUCING PATIENT:		DOB:	PATIENT PHONE:	
Requested Treatment Evaluation Only	REFERRED BY DR:			OFFICE PHONE:	
Pain	APPOINTMENT DATE:	APPOINTMENT TIME:			
Candace De Veaux, D.D.S., M.S.D. Endodontic Specialist 15 Ruth Dr. Newnan, GA 30265-1339 Tel: 770-253-3171 DATE: INTRODUCING PATIENT: DOB: PATIENT PHONE: REFERRED BY DR: APPOINTMENT DATE: APPOINTMENT TIME: Please Circle Specific Area of Concern Patient Phone: Please Circle Specific Area of Concern Practure/Crack Retreatment Bite Sensitivity Trauma Pulp Exposure RCT Initiated	☐ Evaluation Only ☐ RCT ☐ Retreatment ☐ Apicoectomy	☐ Pain ☐ Swelling ☐ Bite Sensitivity	☐ Periapical Lesion☐ Fracture/Crack☐ Trauma	Please Circle Specific Area of Concern Right	
Candace De Veaux, D.D.S., M.S.D. Endodontic Specialist 15 Ruth Dr. Newnan, GA 30265-1339 Tel: 770-253-3171 DATE: INTRODUCING PATIENT: DOB: PATIENT PHONE: OFFICE PHONE: APPOINTMENT TIME: REFERRED BY DR: APPOINTMENT TIME: Requested Treatment Evaluation Only RCT Retreatment Bite Sensitivity Pulp Exposure RCT Initiated Candace De Veaux, D.D.S., M.S.D. Endodontic Specialist 15 Ruth Dr. OFFICE PHONE: PHONE: Please Circle Specific Area of Concern					
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Requested Treatment Evaluation Only	REFERRED BY DR:			OFFICE PHONE:	
Evaluation Only Pain Periapical Lesion RCT Swelling Fracture/Crack Retreatment Bite Sensitivity Trauma Pulp Exposure RCT Initiated	APPOINTMENT DATE:		APPOINTMENT TIM	1E:	
	☐ Evaluation Only ☐ RCT ☐ Retreatment ☐ Apicoectomy	☐ Pain ☐ Swelling ☐ Bite Sensitivity	☐ Periapical Lesion ☐ Fracture/Crack ☐ Trauma	Please Circle Specific Area of Concern Right 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	