



**NORTH PENN
ENDODONTICS**
www.northpennendo.com

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Lansdale, North Penn Medical Arts Center, 2100 N. Broad Street, Suite 100, Lansdale, PA 19446

Quakertown, (The Atrium), 127 South 5th Street, Suite 300, Quakertown, PA 18951

Introducing _____ DOB _____

Phone # _____ Cell # _____

DIAGRAM OF TEETH

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

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Please check what is to be done

- Consultation/Evaluation
- Root Canal Treatment
- Post Space
- Consultation for Retreatment
- Consultation for Apicoectomy
- Bleaching of Tooth

Remarks _____

Referred by Dr. _____ Date _____

Please remind your patient to pre-medicate if needed and to bring all necessary insurance information.

Parent or legal guardian must accompany all minor patients.