



# Jacobson ENDODONTICS

**DR. GARY JACOBSON**

DDS, MS, Cert Endo, FRCD(C)

Phone: 905-830-8880 Fax: 1-866-230-4216

jacobsonendodontics@gmail.com

www.jacobsonendodontics.com

Dixon Medical Centre

531 Davis Drive Suite 206, Newmarket, ON L3Y 6P5

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Phone Number: \_\_\_\_\_

Referring Dentist: \_\_\_\_\_

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Pulp exposure     Vital     Necrotic

Pulpectomy Completed

Patient has discomfort; please evaluate

\*Please send current PA and BW via email if possible.\*

Post space required

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

