



ENDODONTIC ASSOCIATES LIMITED

Brookdale Corporate Center
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Centennial Lakes Medical Center
7373 France Avenue South, Suite 502
Edina, MN 55435
Phone: **(952) 832-0404**
Fax: **(952) 832-0131**
cl@ealmn.com

Today's date _____

Patient Name _____

DOB _____ Patient Phone # _____

Remarks or preferences: _____

Appointment date _____ at _____

Referred by Dr. _____ Phone _____

Doctor's office e-mail _____

Please verify your insurance benefits prior to your appointment and confirm that your coverage includes providers at this office. Bring your Insurance card with you to the appointment. Co-pays and fees are due at the time of treatment.

Coon Rapids Medical Center
3833 Coon Rapids Blvd, Suite 240
Coon Rapids, MN 55433
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Roselawn Village Office Building
1912 Lexington Avenue North, Suite 200
Roseville, MN 55113
Phone: **(651) 379-0687**
Fax: **(651) 633-5148**
rv@ealmn.com

Village Center Professional Building
700 Village Center Drive, Suite 150
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Waterfront West Professional Building
9075 Quaday Avenue NE, Suite 103
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RAMON AGUIRRE, D.D.S., M.S.

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JEFFREY L. RYAN, D.D.S., M.S.

SHENG ZHONG, D.D.S., M.S.

TODD A. MILLER, D.D.S.

	Molars		Bicuspid		Anteriors			Anteriors			Bicuspid		Molars			
Upper	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Lower	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
	RIGHT								LEFT							

Pre-medication necessary

- Patient has toothache
- Pain is of undetermined origin
- Tooth has been left open
- Tooth has been medicated and closed
- X-ray revealed radiolucency
- PA enclosed
- Carious Exposure
- Leave Post Space
- Place final restoration/Fill access opening