

CRAIG S. HAGA, DDS, MS
ADAM S. INABA, DDS



ENDODONTIC
ASSOCIATES LLC

ANDREW T. INABA, DDS

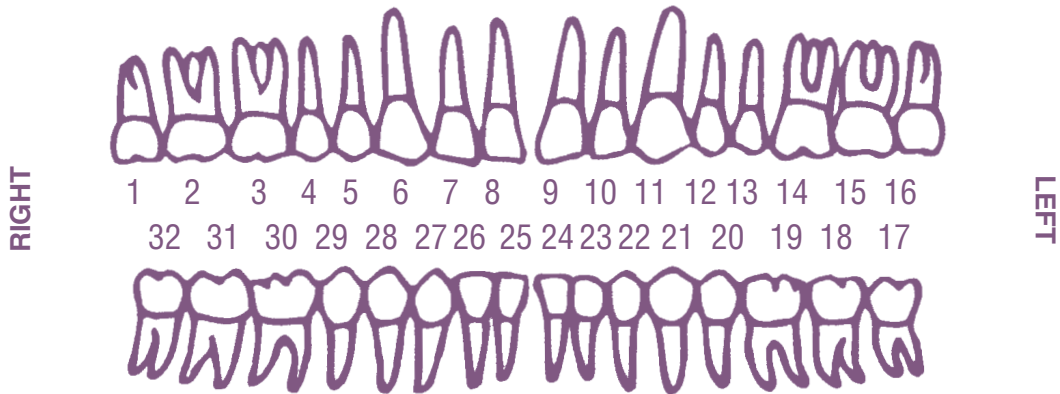
INTRODUCING: _____

APPOINTMENT: _____

REFERRED BY: _____ TEL: _____

(CIRCLE TOOTH INVOLVED)

UPPER



LOWER

- | | |
|---|--|
| <input type="checkbox"/> TREAT AS INDICATED | <input type="checkbox"/> PREVIOUS ROOT CANAL TREATMENT |
| <input type="checkbox"/> DIAGNOSTIC CONSULTATION ONLY | <input type="checkbox"/> ROOT FRACTURE |
| <input type="checkbox"/> CALL AFTER EXAMINATION | <input type="checkbox"/> RESORPTION |
| <input type="checkbox"/> CBCT (3D SCAN) | <input type="checkbox"/> INTERNAL BLEACHING |
| | <input type="checkbox"/> POST ROOM |

REMARKS: _____

HONOLULU OFFICE • ALA MOANA BUILDING • 1441 KAPIOLANI BLVD. SUITE 208 • HONOLULU, HAWAII 96814

TELEPHONE (808) 591-1515 • FAX (808) 593-8628

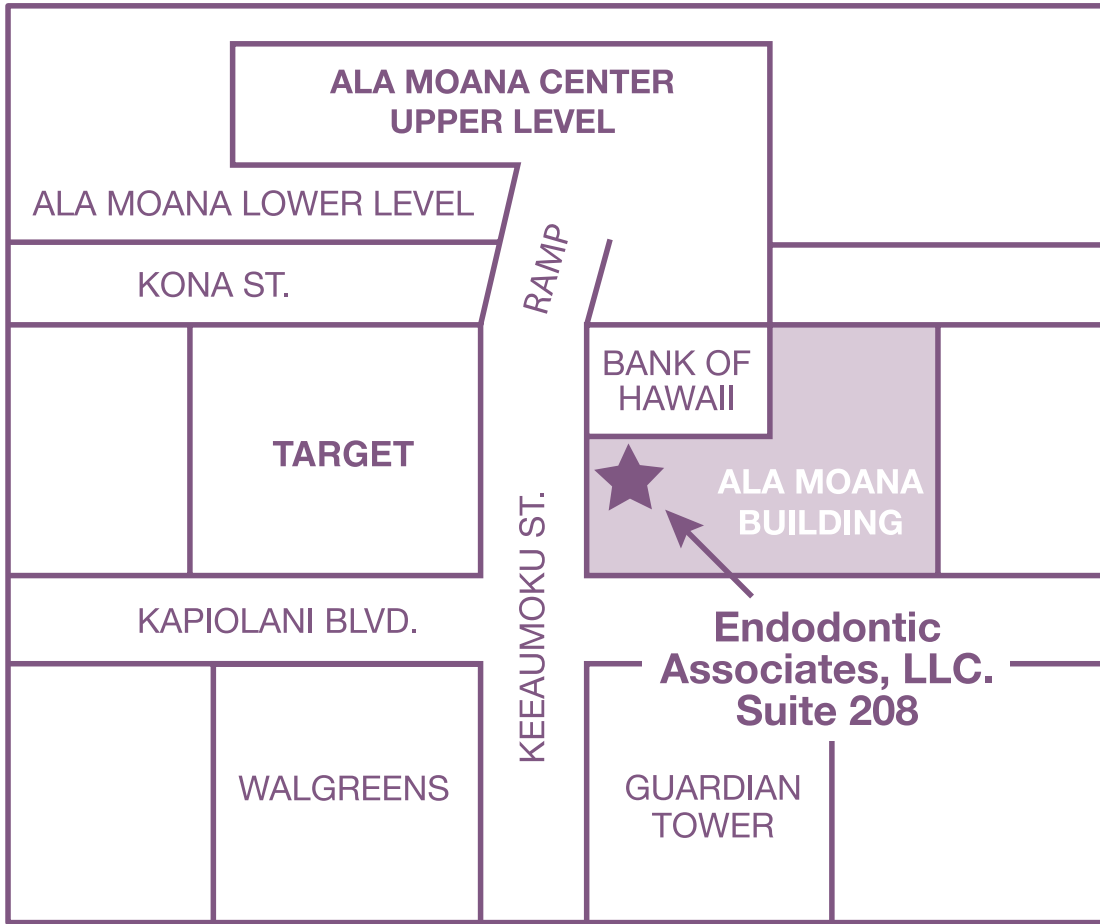
PEARLRIDGE OFFICE • WESTRIDGE SHOPPING CENTER • 98-150 KAONOHI STREET, SUITE C118 • AIEA, HAWAII 96701

TELEPHONE (808) 455-9051 • FAX (808) 486-0344

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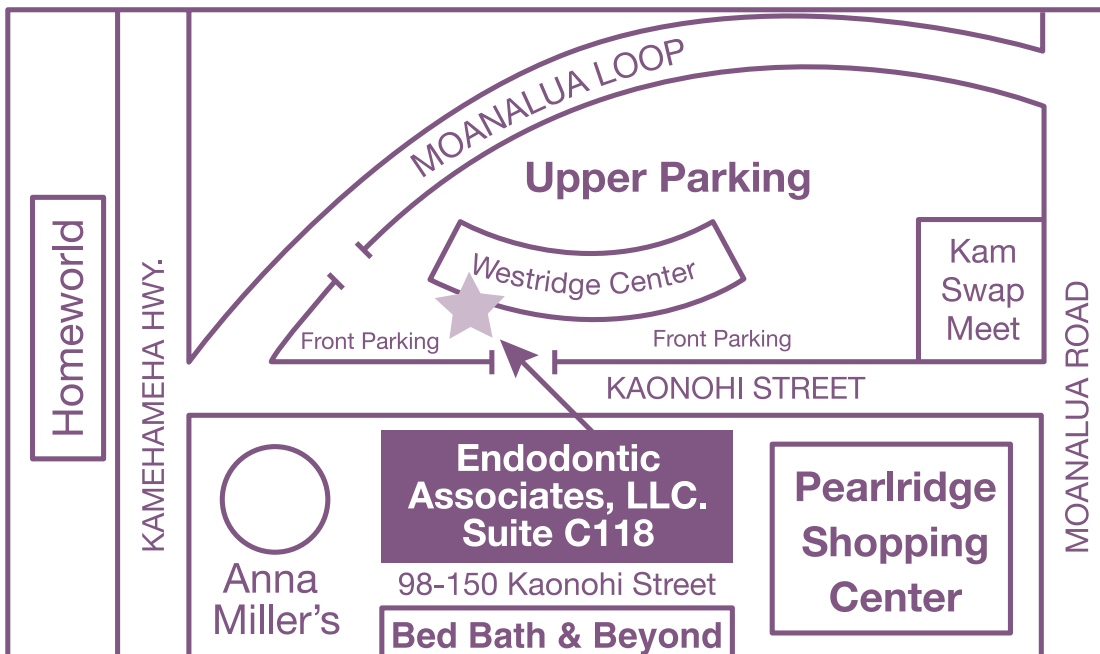
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UPPER



RIGHT

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

LEFT



LOWER

- | | |
|---|--|
| <input type="checkbox"/> TREAT AS INDICATED | <input type="checkbox"/> PREVIOUS ROOT CANAL TREATMENT |
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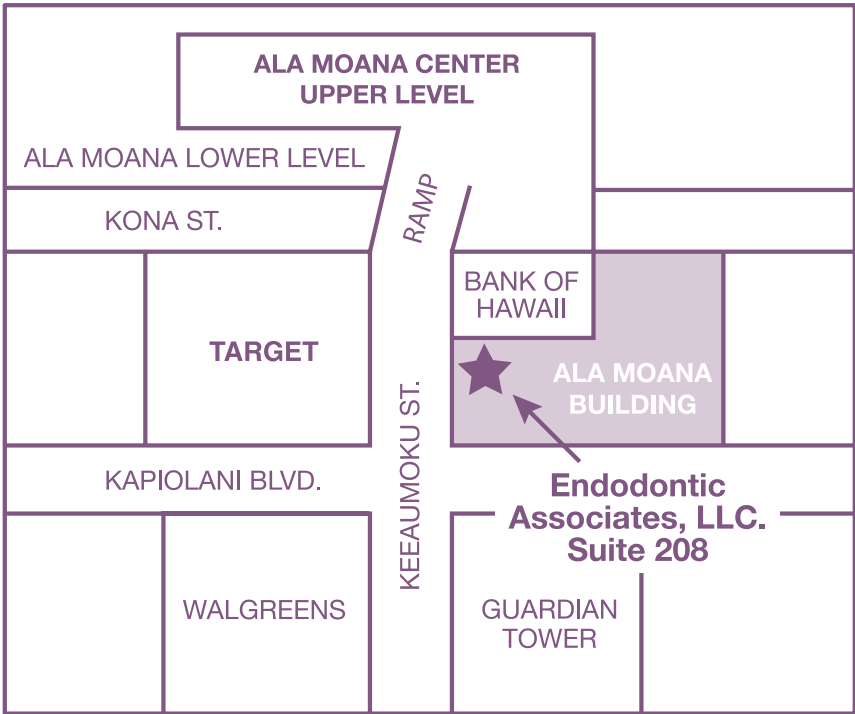
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