



LAKE IN THE HILLS ENDODONTICS

1301 Pyott Road, Suite 202 • Lake in the Hills, IL 60156

Phone: (847) 854-3958 • Fax: (847) 854-5594

Email: lithendodontics@gmail.com • Website: www.lithendodontics.com

Patient's Name: _____

Phone: _____ Date of Birth: _____

Your appointment with Dr. Sahib is on _____ at _____ am pm

If you are new to this office, please arrive 15 minutes prior to your appointment to register.

Referring Doctor: _____

Root Canal Retreatment Apical Surgery Consultation

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

Remarks: _____

Prepare post space

Dr. _____



LAKE IN THE HILLS ENDODONTICS

1301 Pyott Road, Suite 202 • Lake in the Hills, IL 60156

Phone: (847) 854-3958 • Fax: (847) 854-5594

Email: lithendodontics@gmail.com • Website: www.lithendodontics.com

Patient's Name: _____

Phone: _____ Date of Birth: _____

Your appointment with Dr. Sahib is on _____ at _____ am pm

If you are new to this office, please arrive 15 minutes prior to your appointment to register.

Referring Doctor: _____

Root Canal Retreatment Apical Surgery Consultation

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

Remarks: _____

Prepare post space

Dr. _____