

# Dr. Dico Hassid and Associates

Practice Limited to Endodontics

7500 Beechnut, Suite 235  
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Date \_\_\_\_\_  
(713) 271-9100  
Fax (713) 771-9600

Introducing \_\_\_\_\_

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

### Endodontic Request

- Please Eval
- RCT
- Retreatment
- Apicoectomy

### Restorative Request

- Tap Crown (Bridge)
- Remove/Cut Crown
- Save Crown

### Please Perform

- Post Space
- Build-up
- Post & Build-up

Patient was prescribed on \_\_\_\_\_

Antibiotics: \_\_\_\_\_

Analgesics: \_\_\_\_\_

Comments : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I would appreciate:

Phone call

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- 
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Email

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- 
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Completion of treatment

Restorative Recommendation

Other: \_\_\_\_\_