

JACOBSON, CHUBAK & ASSOCIATES

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Introducing:		Phone:
Referred by:		Phone:
Appointment Date:		Time:
RIGHT 32 31 30 29 28 27	7 8 9 10 11 (26) 25 24 23 22 (21) 29 (19) (18) (17) (18) (17)
Condition:	0000	00000
☐ Root Canal Therapy	☐ Apicoectomy	☐ Root Resection
☐ Root Canal Retreatment	□ Other _	
Requests:		
☐ Post Space Palatal / Distal	□ C	omposite Core Build Up
☐ Other		