



# MAGNOLIA

FAMILY DENTISTRY William Gallagher, D.D.S., M.S.

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Introducing \_\_\_\_\_

- FOR  Consultation       Periapical Surgery       Endodontic Therapy  
 3D CBCT Imaging       Retreatment

### TOOTH NUMBER

		UPPER																		
		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		
		LOWER																		

POST ROOM       Yes       No       As Needed

VITALITY       Vital       Nonvital with Apical Radiolucency       Uncertain

### ADDITIONAL REMARKS

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### Referring Doctor

Date

Phone

Please call the office at 847-381-5654 to schedule an appointment  
Directions can be found at [magnoliaofbarrington.com](http://magnoliaofbarrington.com)