



ASSOCIATES IN
ENDODONTICS

VINCENT C. LOVETTO JR. DMD
Serving the Naples Community since 1984

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PLEASE FAX/EMAIL TO US
& GIVE ORIGINAL TO PATIENT

SEE REVERSE FOR A MAP

Introducing _____

Appointment Date _____ Time _____

Referring Doctor _____ Date _____

FOR ENDODONTIC CONSIDERATION - Please Email PA(s)

Right

1	2	3	4	5	6	7	8
32	31	30	29	28	27	26	25

Left

9	10	11	12	13	14	15	16
24	23	22	21	20	19	18	17

PLEASE MARK ALL THAT APPLY

- | | |
|---|--|
| ☐ Please Evaluate | ☐ Endo Necessary for Restoration |
| ☐ Please Treat | ☐ Crown or Bridge to be Remade |
| ☐ Please Retreat | ☐ Call Before Starting Treatment |
| ☐ Post Space Desired | ☐ Dental Anxiety Issues |
| ☐ Restore Access Opening | ☐ Pre-Medicate ☐ Latex Allergy |

SYMPTOMS

- ☐ Pressure ☐ Abscess ☐ Hot ☐ Cold ☐ Biting/Chewing
☐ In Pain ☐ No Pain ☐ Swelling ☐ Other _____

REMARKS _____

1.5 Miles South of Pine Ridge Rd.



3641 10th St N

1 Mile North of Golden Gate Pkwy