



Michael S. Ro, D.D.S.
PRACTICE LIMITED TO ENDODONTICS

N.J. Specialty Permit #5444

One DeWolf Rd., Suite 207
 Old Tappan, NJ 07675
 Tel: (201) 750-PULP (7857)
 (Rear Parking)

Bard Professional Building
 446 Route 304, Suite B
 Bardonia, NY 10954
 Tel: (845) 624-7000
 (Front Parking)

| Appointment | | Day | | | | | | | | Date | | | | Time | | | | |
|------------------------|----|-----|----|----|----|----|----|----|--|-------|----|----|----|------|----|----|----|----------|
| Patient: | | | | | | | | | | | | | | | | | | |
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |
| Dr. | | | | | | | | | | | | | | | | | | |
| Phone: | | | | | | | | | | Date: | | | | | | | | |
| Remarks: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| post-space preparation | | | | | | | | | | | | | | | | | | |

