ENDODONTILINE SAATEKIRI

**Patsiendi isikuandmed:**

Nimi ...............................................

Isikukood .......................................

Elukoht ..........................................

Telefon ..........................................

E-mail ...........................................

Hambanumber ...............................

**Arsti andmed:**

Nimi ...............................................

Töökoht ..........................................

Aadress ...........................................

Tel ...................................................

E-mail .............................................

Millal teostatud endodontiline ravi? (Esmane/ümberravi) ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Raviteenus**

Juureravi mikroskoobiga

 Juurekanali otsimine

 Juurekanali avamine

 Juurekanali täitmine

 Instrumendi eemaldamine

**Röntgenpildid saata e-mailile** emma@i-dent.ee