

- [54] COMBINED ENDODONTIC X-RAY MOUNTS AND POSTAL CARD CORRESPONDENCE FORM
- [76] Inventor: Milton G. Deemer, 3155 Dear Meadow Dr., Danville, Calif. 94526
- [**] Term: 14 Years
- [21] Appl. No.: 376,273
- [22] Filed: May 10, 1982
- [52] U.S. Cl. D19/2
- [58] Field of Search D19/9-12, D19/1, 32, 33; 283/900; 40/156, 158 B, 158 R, 152, 2-3; 229/92.3, 92.8

Primary Examiner—George P. Word
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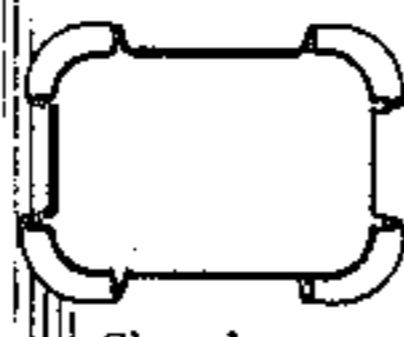
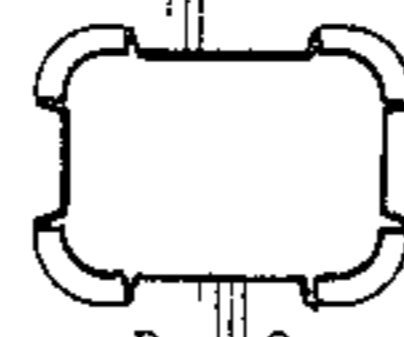
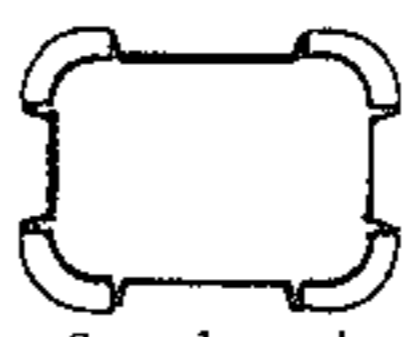
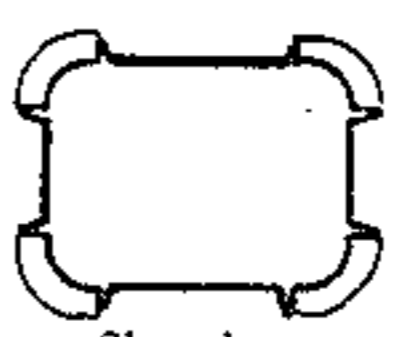
[57] CLAIM

The ornamental design for combined endodontic X-ray mounts and postal card correspondence form, as shown and described.

DESCRIPTION

FIG. 1 is a front elevational view of a combined endodontic X-ray mount and postal card correspondence form showing my new design;
 FIG. 2 is a rear elevational view thereof;
 FIG. 3 is a front elevational view of a modified form of the endodontic X-ray mount and postal card correspondence form;
 FIG. 4 is a rear elevational view thereof;
 FIG. 5 is a front elevational view of another modified form of the endodontic X-ray mount and postal card correspondence form;
 FIG. 6 is a rear elevational view thereof; and
 FIG. 7 is an edge view thereof.

- [56] **References Cited**
- U.S. PATENT DOCUMENTS**
- 1,361,703 12/1920 Fennelli D19/2
- 1,853,197 4/1932 Bosworth 40/158 B
- 2,256,399 9/1941 Mac Harg 40/158 B
- 2,896,351 7/1959 Johnson 40/158 B
- 4,146,985 4/1979 Margulies 40/158 B

J. Doe, D.D.S. Endodontist ENDODONTIC CHECKUP REPORT Dear Dr. _____ Date _____ Enclosed is a __ month recall radiograph of Tooth No. __ for Sincerely, _____ D.D.S.	 Checkup	 Pre-Op	 Completed	 Checkup
	Date _____	Date _____	Date _____	Date _____
	Patient: _____			
	Tooth No. _____			
	Remarks: _____			

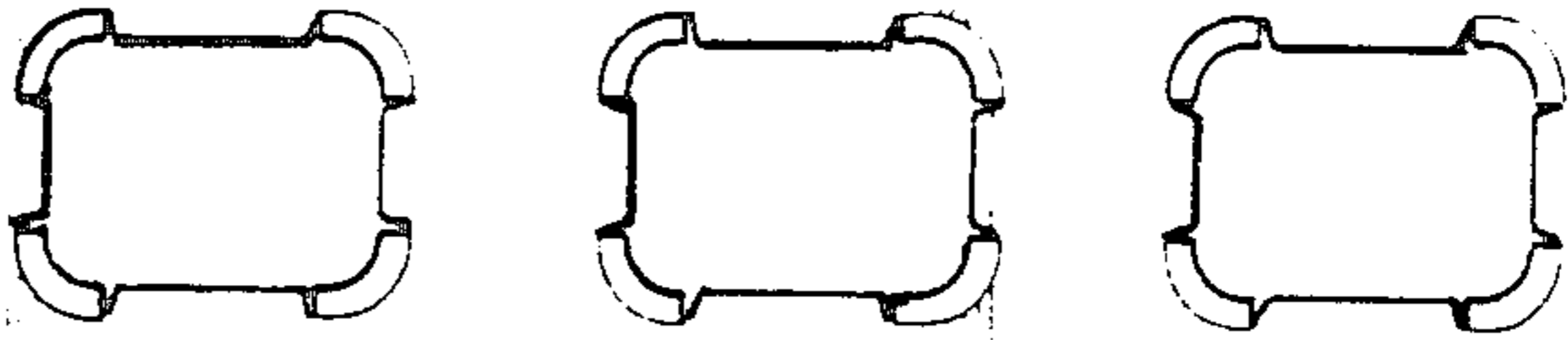
<p>Dear _____</p> <p>Please call our office to arrange an appointment for an x-ray checkup to determine the healing progress of your recent root canal treatment. It is very important and will take only a few minutes of your time.</p> <p>Sincerely, _____ D.D.S. Endodontist</p> <p>Phone _____</p>	 <p>Pre-Op _____ Date _____</p> <p>Completed _____ Date _____</p>
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FIG. 1

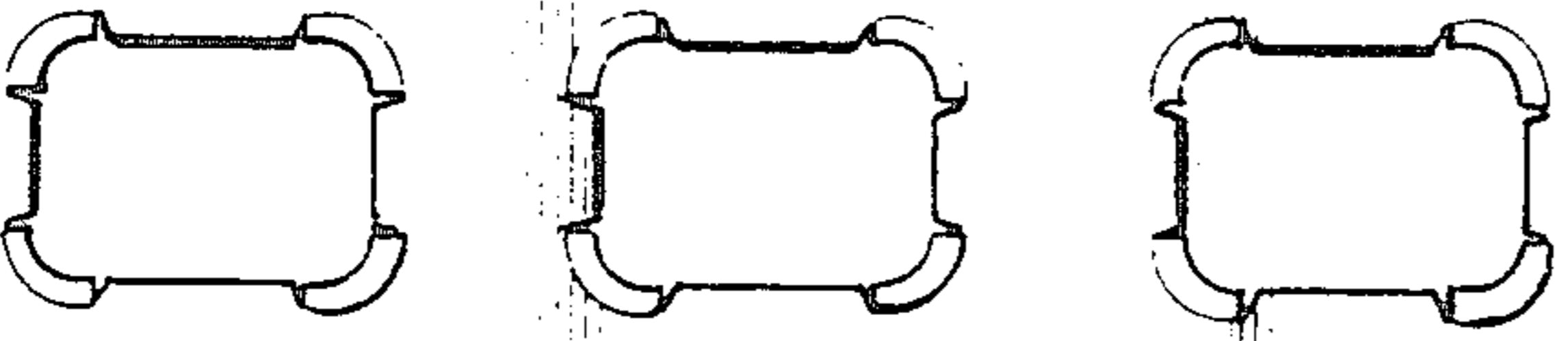
	<p>_____</p> <p>_____</p> <p>_____</p>
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FIG. 2

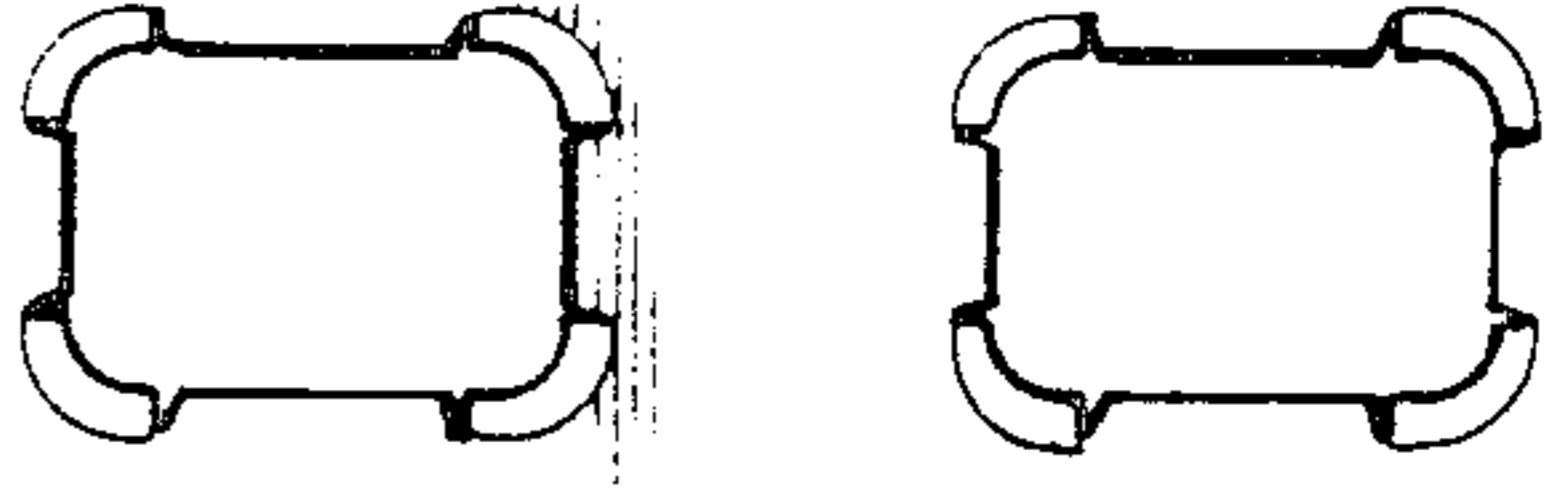
<p>Dear _____</p> <p>Please call our office to arrange an appointment for an x-ray checkup to determine the healing progress of your recent root canal treatment. It is very important and will take only a few minutes of your time.</p> <p>Sincerely, _____ D.D.S. Endodontist</p> <p>Phone _____</p>	<p>Dr. Joe, D.D.S. Endodontist</p>  <p>Dear Dr. _____ Pre-Op _____ Completed _____</p> <p>Date _____ Date _____</p> <p>Endodontic treatment has been completed on Tooth No. _____ for _____ who has been directed back to your office for restorative procedures.</p> <p>_____ D.D.S.</p>
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FIG. 3

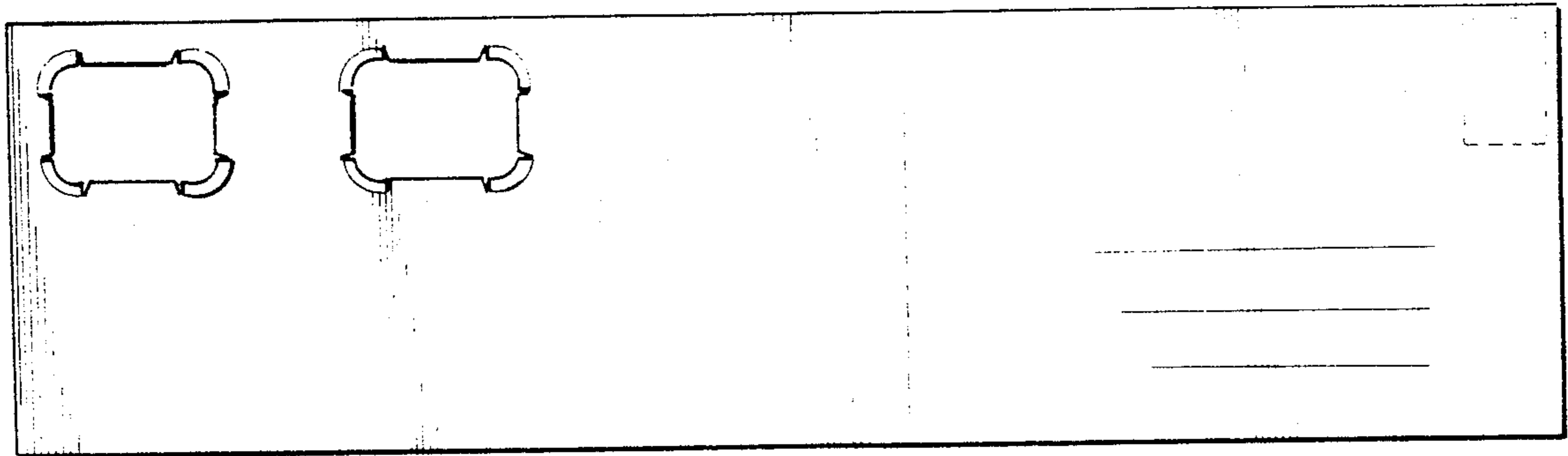


FIG. 4

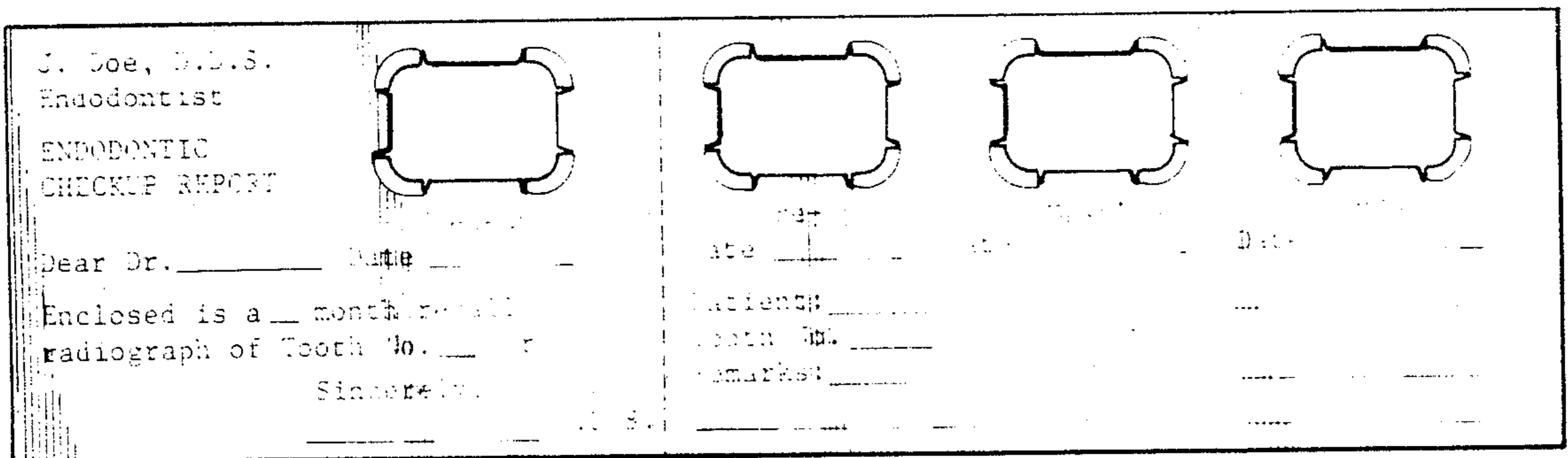


FIG. 5

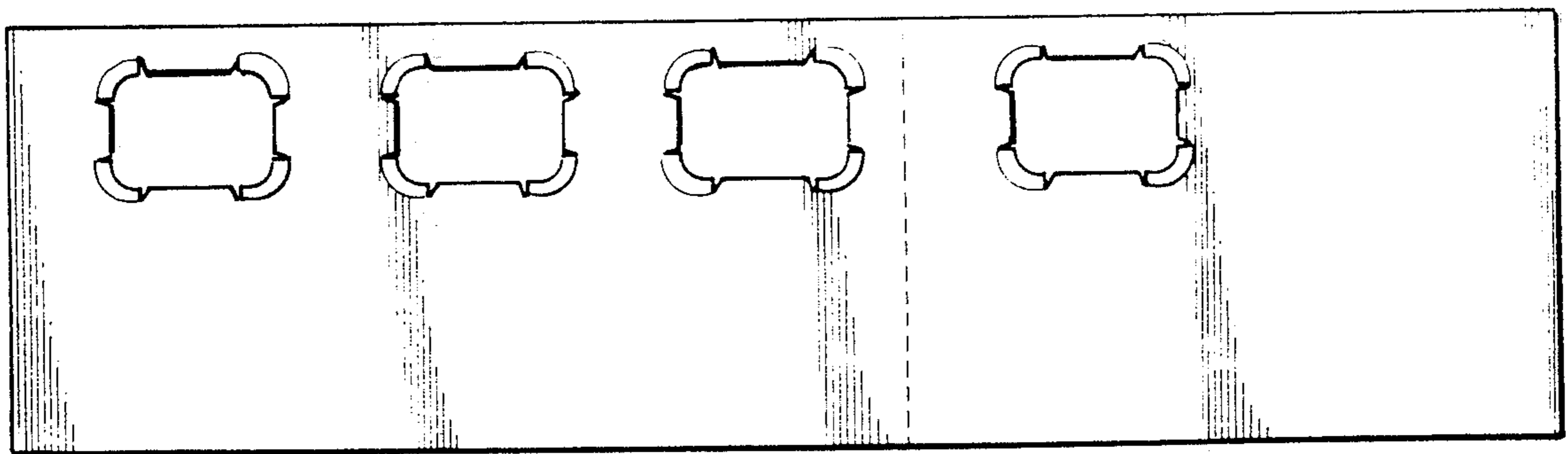


FIG. 6

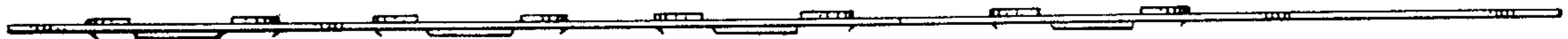


FIG. 7