

- [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**

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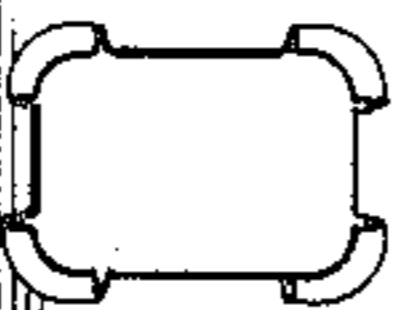
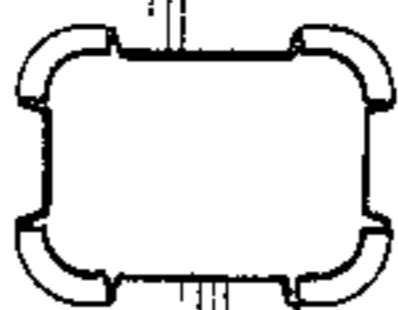

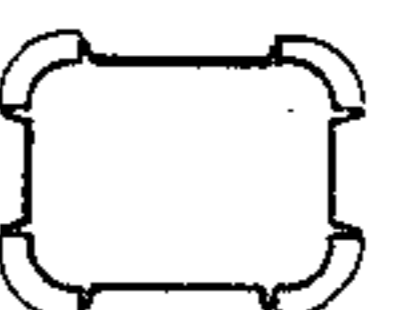
Primary Examiner—George P. Word
Attorney, Agent, or Firm—Linval B. Castle

[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.

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 _____	Date _____
Patient: _____ Tooth No. _____ Remarks: _____				

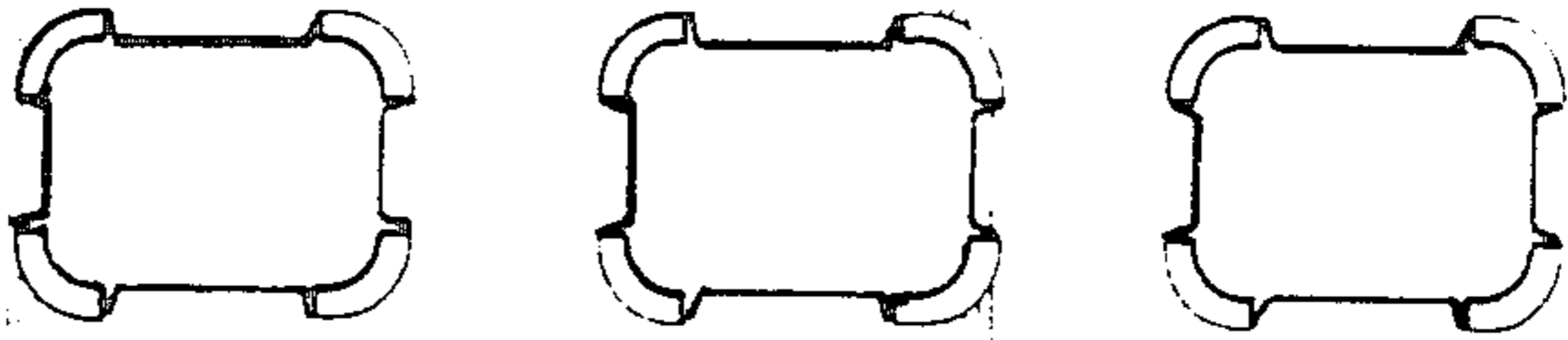
<p>Dear _____</p> <p>Please call our office to arrange an appointment for an x-ray checkup to determine the healing progress of your recent root canal treatment. It is very important and will take only a few minutes of your time.</p> <p>Sincerely, _____ D.D.S. Endodontist</p> <p>Phone _____</p>	 <p>Pre-Op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

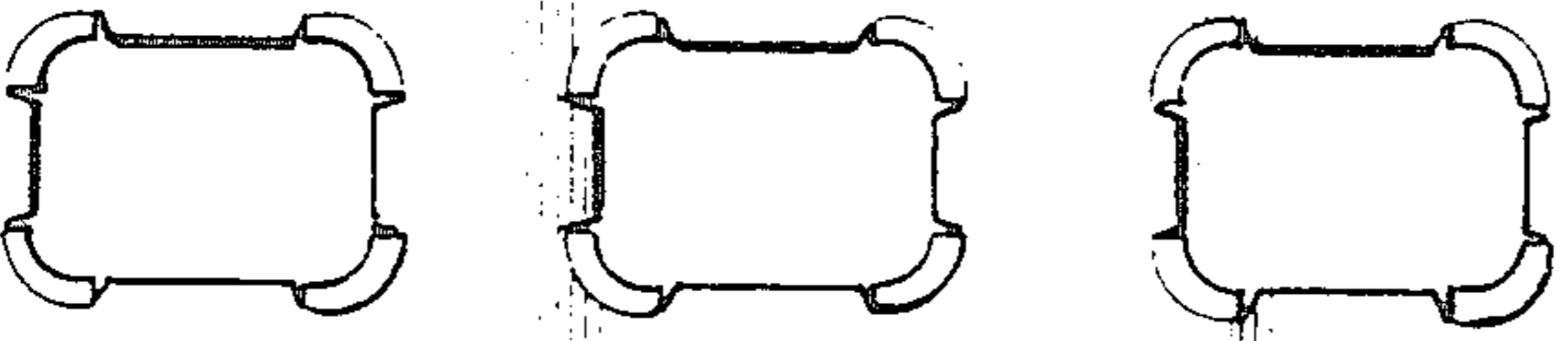
	<p>_____</p> <p>_____</p> <p>_____</p>
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FIG. 2

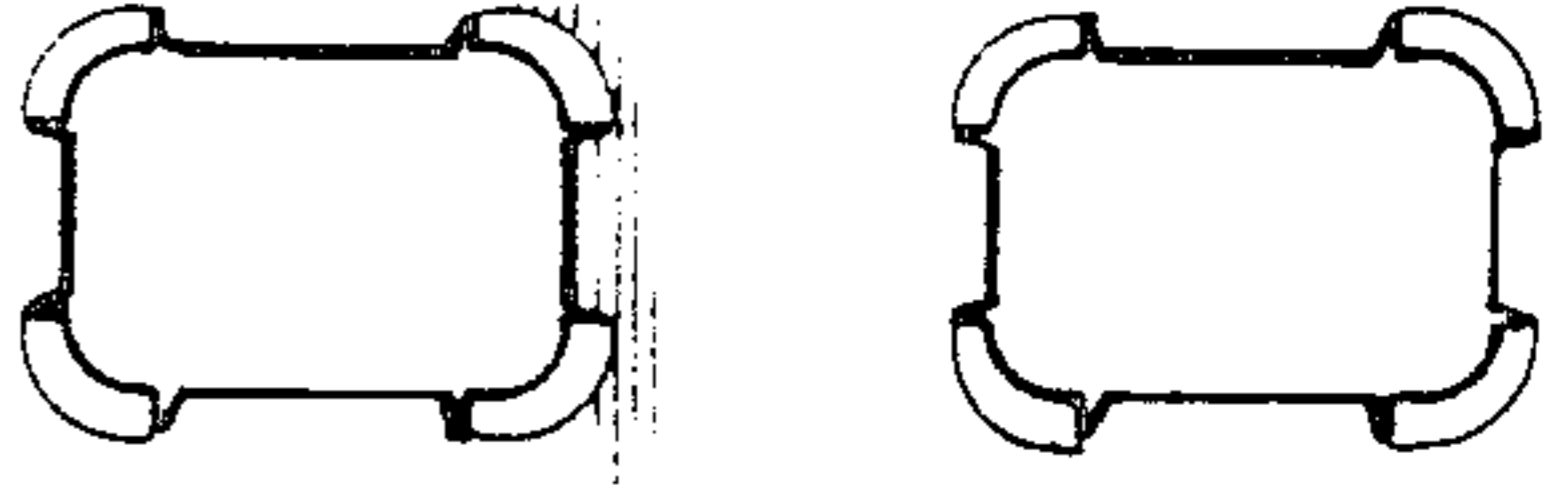
<p>Dear _____</p> <p>Please call our office to arrange an appointment for an x-ray checkup to determine the healing progress of your recent root canal treatment. It is very important and will take only a few minutes of your time.</p> <p>Sincerely, _____ D.D.S. Endodontist</p> <p>Phone _____</p>	<p>Dr.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

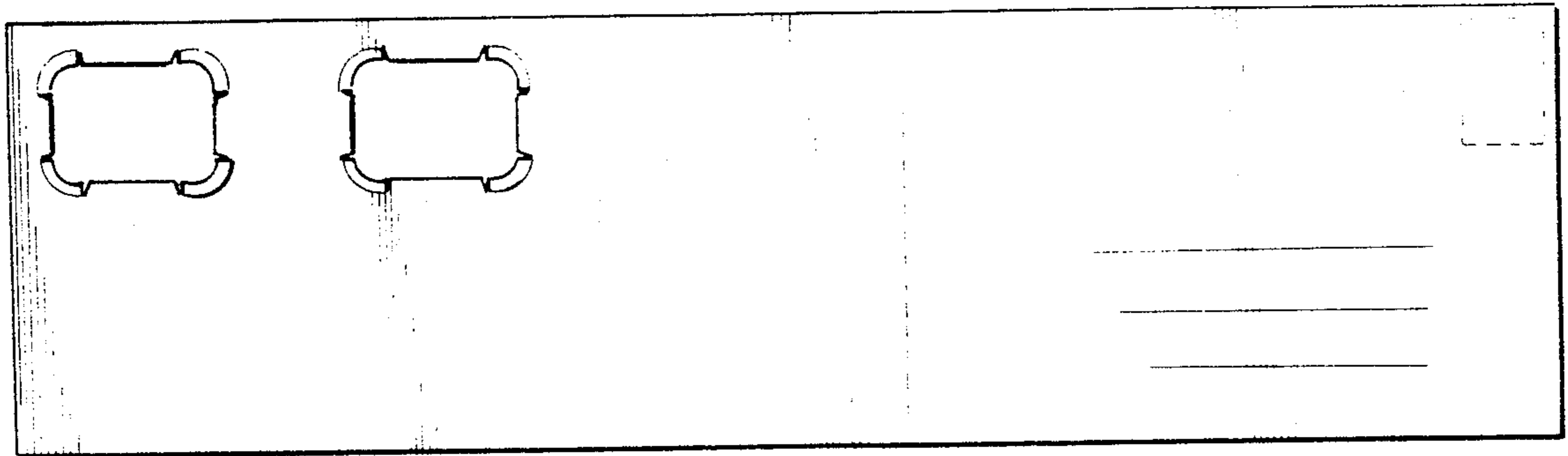


FIG. 4

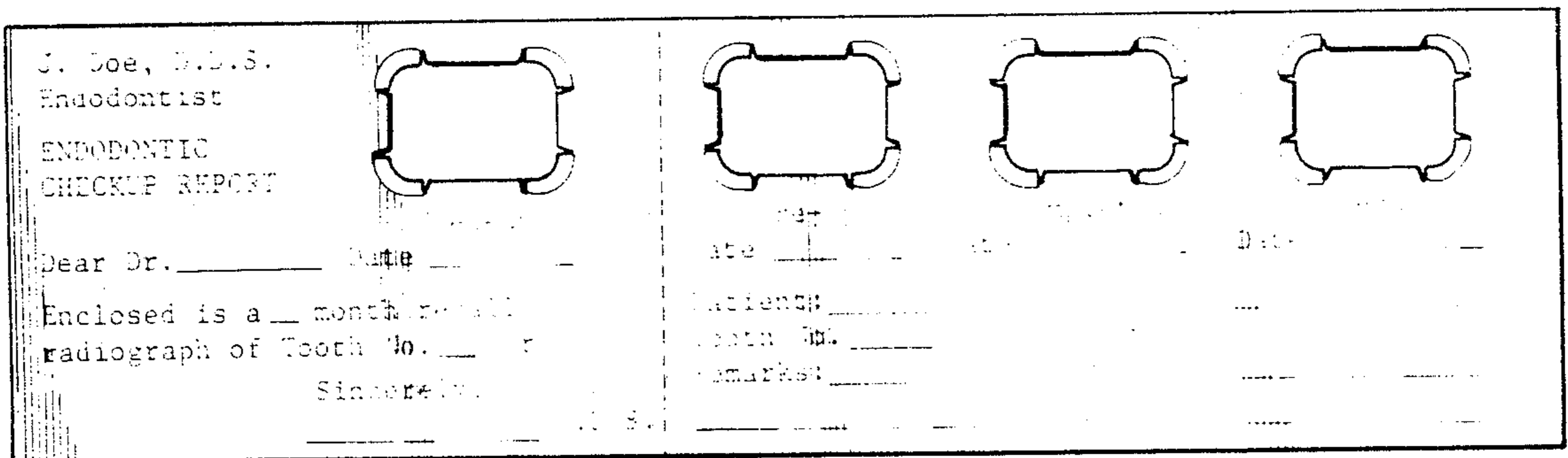


FIG. 5

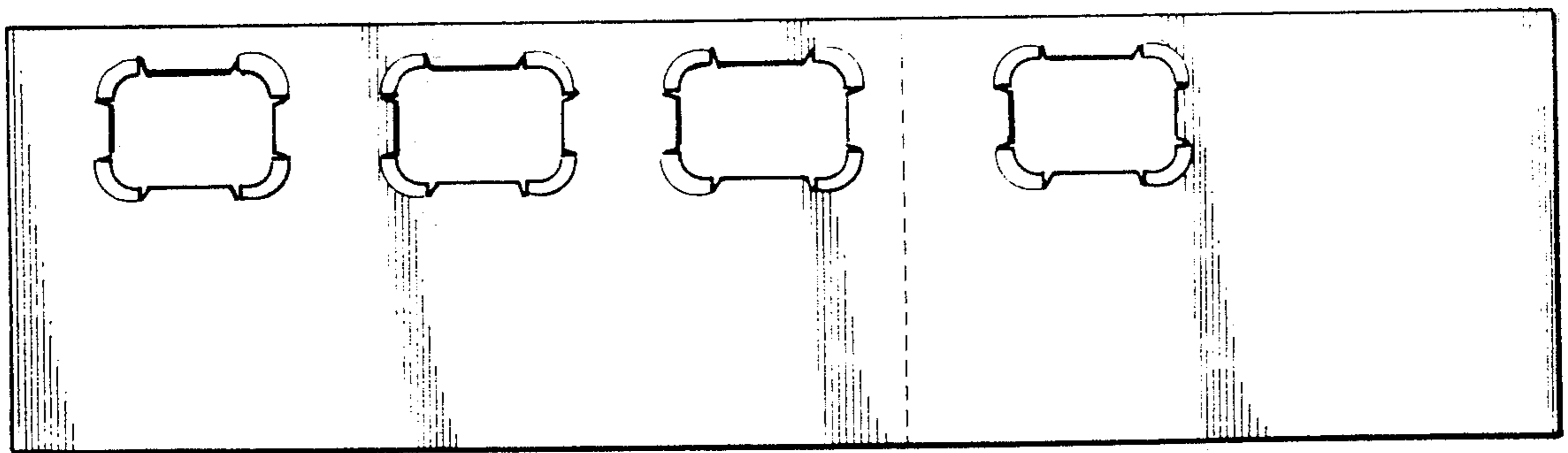


FIG. 6

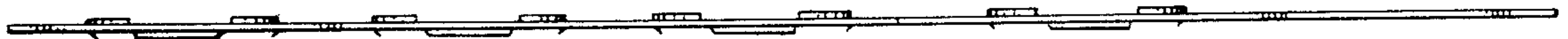


FIG. 7