



Endodontic Specialists

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DIPLOMATE, American Board of Endodontics

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Practice Limited to Endodontics

“The Root Canal Specialists”

Practice Limited to Endodontics

This will introduce

For an appointment at

_____ AM/PM on _____

- Tooth/Teeth #(s) _____
- Please evaluate
- Please perform root canal treatment
- Previous root canal treatment
- Please evaluate for retreatment or apicoectomy
- Please create post space

Comments:

REFERRED BY: _____

The patient will be instructed to return to your office for the final restoration.

Thank you for choosing our office for your endodontic care. If we can answer any questions regarding your treatment or payment options prior to your appointment, please do not hesitate to contact our office.

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