



GEORGIA

Microendodontics
OF MARIETTA

www.georgiamicroendo.com

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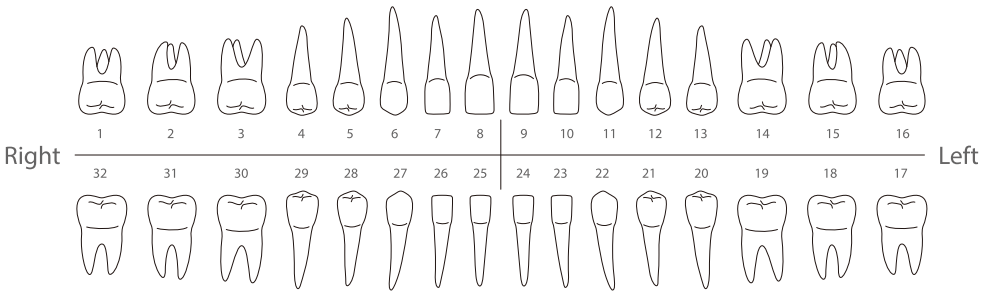
REFERRAL INFORMATION

PATIENT NAME _____ PHONE _____

REFERRING DR. PHONE _____ DATE _____

REFERRING DR. _____

CIRCLE TEETH FOR ENDODONTIC CONSIDERATION



TREATMENT DESIRED:

- Evaluation Only
- Non-surgical RCT
- Retreatment
- Surgical RCT
- Post Space
- Post Placement

RESTORE ACCESS WITH:

- Temporary
- Composite
- Build Up

COMMENTS _____

NOTES FOR PATIENTS:

- Please bring this slip with you the day of your appointment.
- If you are taking any medications, please bring their names with you. The names are usually printed on the prescription bottle.
- If you have dental insurance, please bring your card with you on the day of your appointment.
- Payment is expected at the time of service unless prior arrangements are made.



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AUTHORIZED PROVIDER

