

Advanced Endodontic Care

KIND & GENTLE PATIENT TREATMENT

Referral Request:

- Consult only
- Consult & treat as necessary
- Treat irreversible/necrotic pulp
- RCT started for pain control, treat
- Retreatment or surgery
- Post space only
- Other _____

Existing Restoration:

- Natural tooth
- Permanent Crown
- Perm Crown, temp cement, please remove
- Temporary
- Permanent Crown will be replaced

Requested Coronal Endo:

- None
- Temporary
- Bonded Resin
- Other _____

Today's Date: _____

Referring Doctor: _____

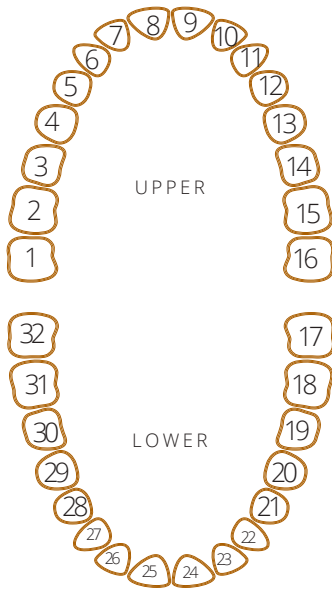
Patient Name: _____

Phone: _____

Email: _____

Special Considerations: _____

Doctor's Signature _____



Phoenix Endodontic
GROUP



Schedule your appointment via email to: office@phnxendo.com

Find Us In Phoenix

NORTHWEST CORNER OF MARYLAND & 7TH AVE.

Address: 6520 N. 7th Ave., Suite 7, Phoenix 85013
Scheduling: (602) 242-4745 **Fax:** (602) 246-4778
E-mail: office@phnxendo.com
Hours: Monday - Thursday, 7 am - 5 pm
Friday by appointment



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