Dominion Endodontics

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American Association of Endodontists
Specialist Members

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Introducing: _____

Patient Name _____ Date ____/____/____

Home Phone _____ Work Phone _____

Appointment Date: Day: Monday Tuesday Wednesday Thursday Friday Date: ____/____/____ Time: ____:____ ☐ AM ☐ PM

REMARKS:

_____

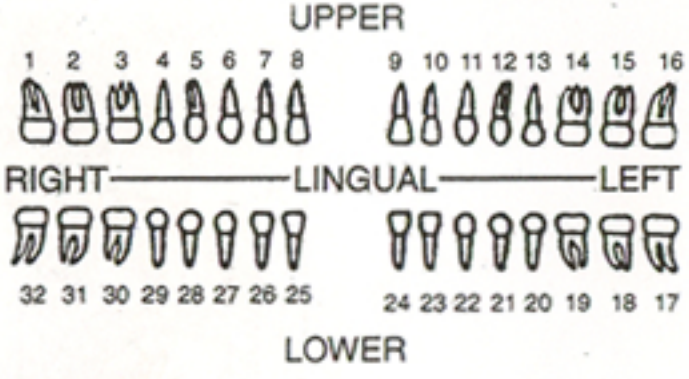
_____

_____

REFERRED BY:

Dr. _____

TOOTH TO BE TREATED



We inform your patient that the root canal therapy has not been completed until the tooth has been properly restored. Therefore, we instruct the patient to return to you for a final restoration after sealing the tooth.