ENDODONTIC ASSOCIATES

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Practice Limited to Endodontics

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Date: _____

Introducing _____ for endodontic consideration of

Tooth# or Area _____

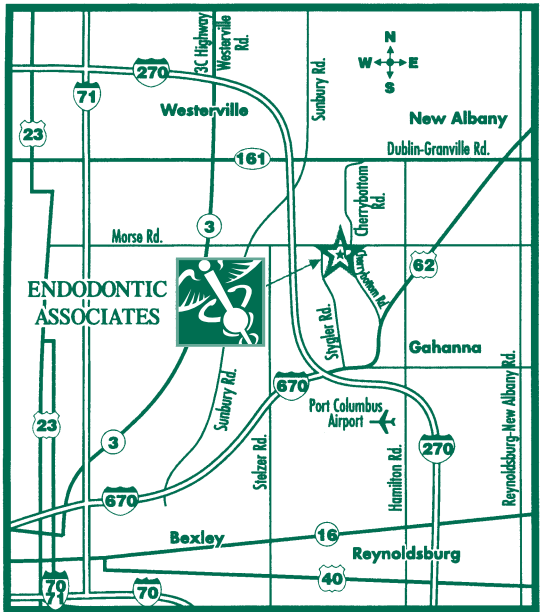
- ☐ Evaluate for endodontic therapy.
- ☐ Endodontics necessary for proper restoration.
- ☐ Symptoms: Thermal ___ Bite ___ Swelling ___
- ☐ Pulp was exposed.
- ☐ Fracture suspected.
- ☐ Radiograph reveals pathology.
- ☐ Treatment has been initiated.
- ☐ Restoration with post planned.
- ☐ Previous RCT on _____ by _____

Comments _____

_____

Appointment Scheduled Date: _____ Time: _____

Referring Dr. _____


ENDODONTIC ASSOCIATES
Westerville
New Albany
Gahanna
Bexley
Reynoldsburg
Port Columbus Airport
Dublin-Granville Rd.
Morse Rd.
Sunbury Rd.
Stelzer Rd.
Hamilton Rd.
Cherrybottom Rd.
Snyder Rd.
Reynoldsburg-New Albany Rd.
3C Highway
Westerville Rd.
N
W
E
S
270
71
23
161
3
62
670
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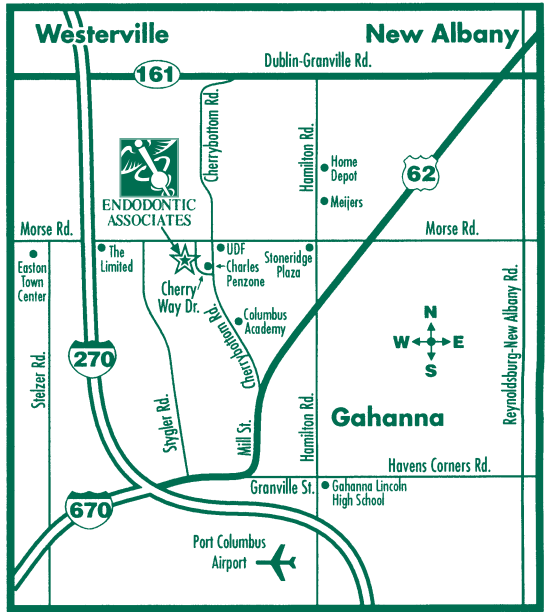
40
70


Westerville
New Albany
Dublin-Granville Rd.
ENDODONTIC ASSOCIATES
Cherrybottom Rd.
Hamilton Rd.
Home Depot
Meijers
62
Morse Rd.
Easton Town Center
The Limited
UDF
Charles Penzone
Stoneridge Plaza
Cherry Way Dr.
Columbus Academy
Stelzer Rd.
270
Snyder Rd.
Mill St.
Gahanna
Reynoldsburg-New Albany Rd.
Havens Corners Rd.
Granville St.
Gahanna Lincoln High School
670
Port Columbus Airport
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