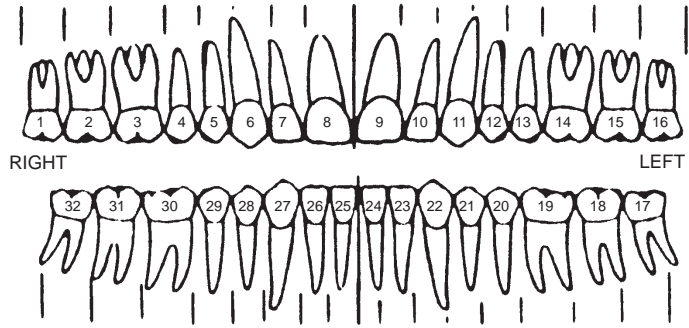




Introducing: _____ Tooth: _____

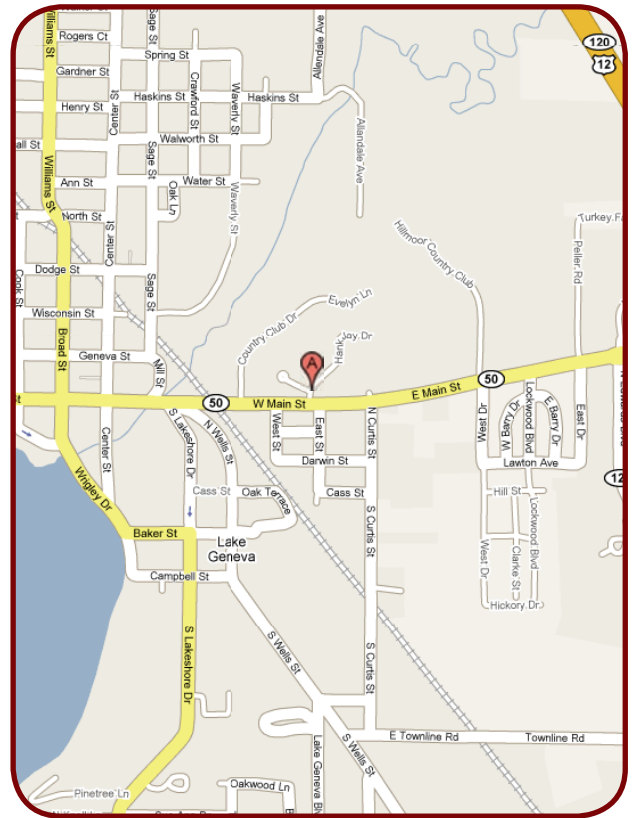
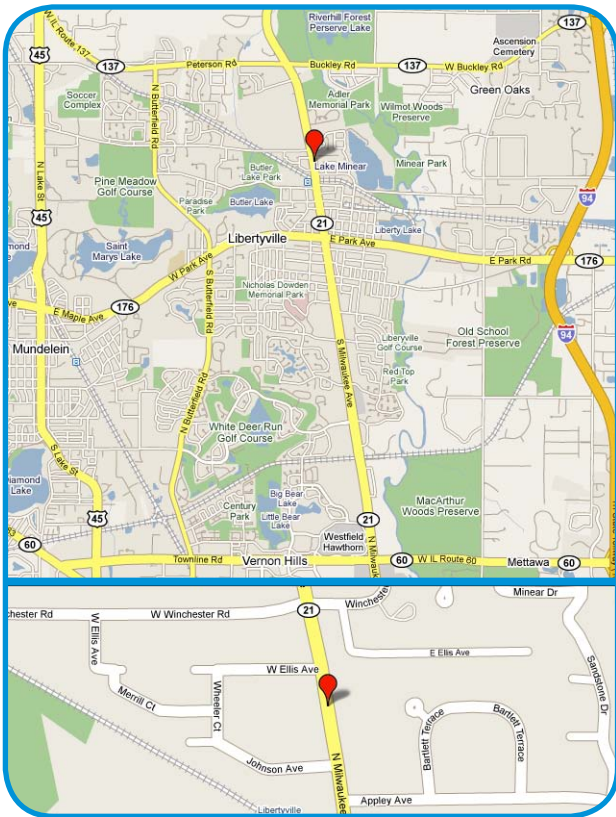
- Consultation only
- Root Canal therapy
 - Please prepare post room
 - No post room necessary
- Retreatment
- Apicoectomy
- Root amputation/hemisection
- Root Closure
- Other _____



Please call me at _____

Your appointment is scheduled

Referred by Dr. _____ Date _____ on _____ at _____ am/pm



For further information or to make an appointment, contact:

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Diplomate of American Board of Endodontics
Practice Limited to Root Canals

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