

NEW ENGLAND ENDODONTIC SOLUTIONS

Londonderry: 603.425.2307
Fax: 603.437.8190

Methuen: 978.681.7873
Fax: 978.688.9973

Introducing _____

Tooth/area to be evaluated _____

Appointment date: _____ Time: _____

Signed: Dr. _____

Date of referral _____

Please Check Treatment Requested

- Consultation and Diagnosis
- Root canal therapy
- Endodontics necessary for proper restoration
- Prepare a post space
- Place a build up
- Retreatment or apical microsurgery
- Cone beam CT scan

Additional comments _____

www.neendosol.com

