



NORTHERN COLORADO
ENDODONTICS

referral

INTRODUCING: _____

PATIENT PHONE: _____

- ENDODONTIC CONSULTATION
- ENDODONTIC SURGERY
- ENDODONTIC THERAPY
- POST-PREPARATION
- PLEASE CALL REFERRING DOCTORS

PLEASE CIRCLE TOOTH TO BE TREATED

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

REMARKS: _____

REFERRED BY DR. _____