

elite dental *of Natick*

Endodontics, Periodontics and Oral Surgery

Multi-specialty Practice serving Metro West and Boston

Introducing _____ Date: __/__/__

For consideration of the following:

Consultation Root Canal Therapy Post Space Implant
 Wisdom Teeth Extraction

RIGHT

LEFT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Dx Hot Cold Percussion Swelling

Remarks and requests by the referring doctor:

Tooth will be restored in: 4-6 weeks 6-8 weeks

Signed Dr. _____

Appointment on _____ at _____ o'clock

PLEASE BRING THIS SLIP WITH YOU TO YOUR FIRST APPOINTMENT. You are more than welcome to contact us for directions or if you have any question. Most Insurances accepted.

Payments plans available.

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