

PLEASE EVALUATE AND PERFORM THE FOLLOWING:

- Endodontic therapy
- Surgical endodontics
- o Consultation and diagnosis
- Prepare post space
- o Place post and composite build-up
- o Core build-up
- o Temporary restoration

| NTRODUCING: |
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| VHO I AM REFERRING FOR: |
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| ADDITIONAL REQUEST: |
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| REFERRING DOCTOR: |

Patient may find directions to the office and other practice information on our website at www.houstonendodontics.com