



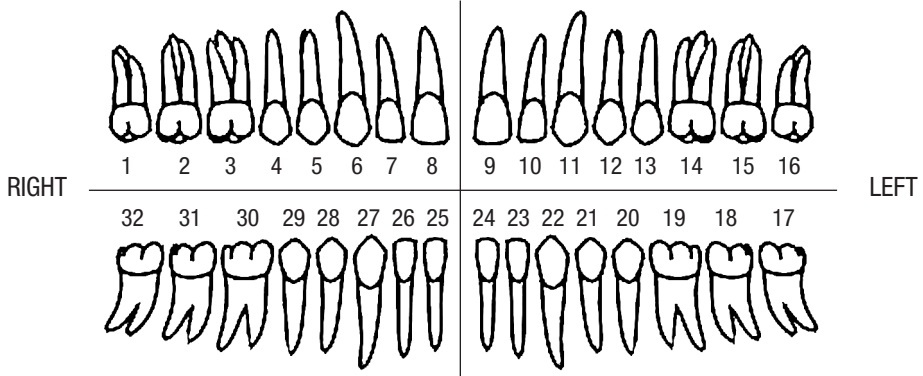
24911 Little Mack Avenue, Suite B
St. Clair Shores, MI 48080
(586) 863-1336
www.signatureendomi.com

Introducing: _____
(patient name)

Referral Date: _____

Tooth # _____

- Previous Root Canal Therapy
- Patient Has Toothache
- Please Prepare Post Space
- Prophylactic Endodontics
- Pulpal Exposure
- Pre-Medication Required
- Radiographic Pathology
- Tooth Is Open For Drainage
- Please Call Me
- Root Canal Therapy Initiated



Comments: _____

Referral by Dr. _____

Phone: _____

- Dr. M. Kay McNeight
- Dr. Kimberly K. Melegari



PLEASE BRING THIS REFERRAL SLIP TO YOUR APPOINTMENT



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