

Mason Endodontics

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M I C R O S U R G E R Y

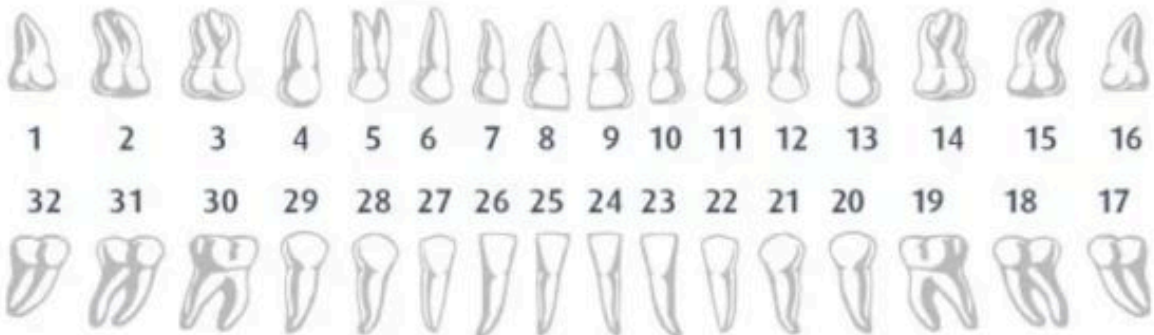
Matthew Sullivan, DDS, MSD

513-848-0950 | masonendo.com

Introducing: _____

Appointment Date: _____ Time: _____ AM / PM

- | | |
|---|---|
| <input type="checkbox"/> Endodontic Therapy - Initial | <input type="checkbox"/> Consultation Only |
| <input type="checkbox"/> Endodontic Therapy - Retreat | <input type="checkbox"/> CBCT Imaging |
| <input type="checkbox"/> Apical Surgery | <input type="checkbox"/> Internal Bleaching |



Comments: _____

Is a new crown planned? Yes / No

When treatment is complete, please place:

- Temporary Post Space Composite Post & Core

Referred by Dr. _____ Date: _____

Please email referral and radiographs to referral@masonendo.com
7547 Central Parke Blvd Suite A | Mason, OH 45040