Glass City Endodontics
Matthew Nakfoor, DDS
Matthew Dietrich, DDS

Date: _____

www.glasscityendo.com
3900 Sunforest Ct., Ste. #232
Phone: 419.472.7668 (ROOT) Toledo, Ohio 43623 **Fax 419.472.7669**

See Patient Registration at www.glasscityendo.com
We accept Mastercard, Visa, Cash, Check and Care Credit
Please email xrays to info@glasscityendo.com

Patient Name:_____ Referring Doctor:_____

TOOTH

Molar					Bicuspid			Anterior			Bicuspid				Molar
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

PROCEDURE

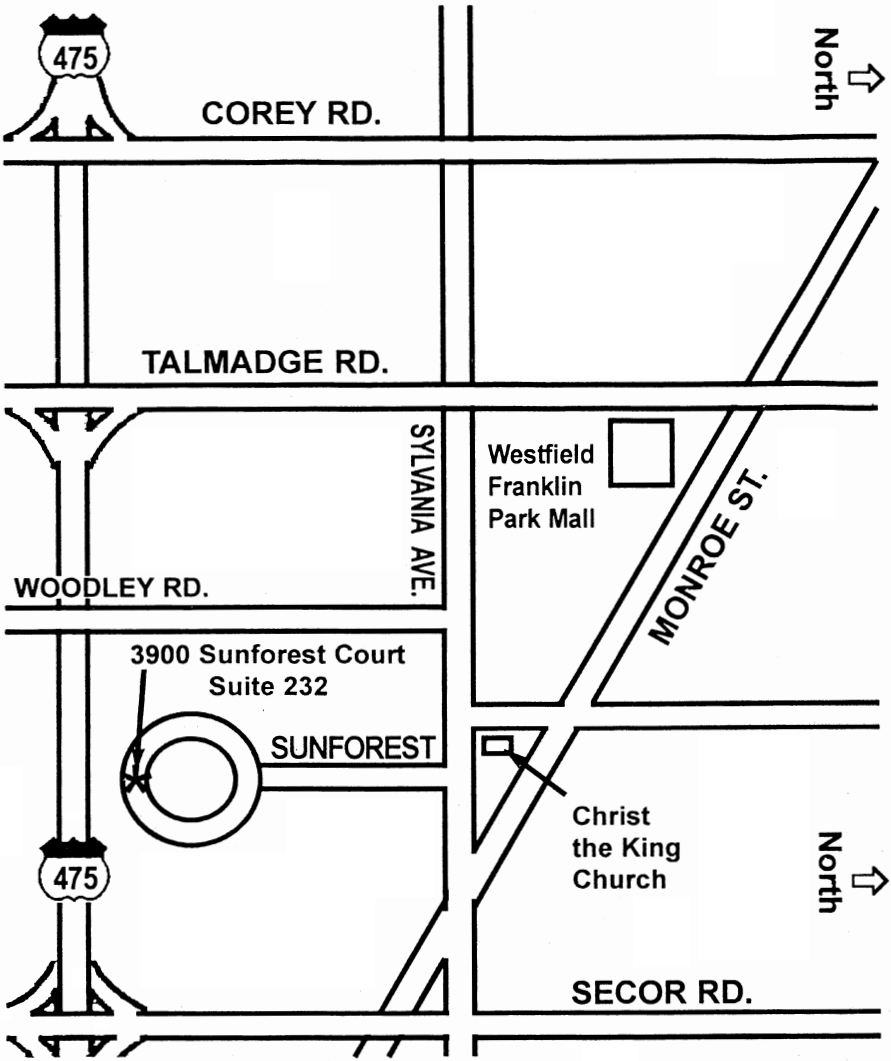
- ☐ Evaluate/Consult ONLY
- ☐ Root Canal Therapy
- ☐ Retreatment
- ☐ Apicoectomy
- ☐ Apexification/Regeneration
- ☐ Post Prep
- ☐ Other

COMMENTS

_____

_____

Please bring this referral slip with you to scheduled appointment


475
COREY RD.
North
TALMADGE RD.
SYLVANIA AVE.
Westfield
Franklin
Park Mall
MONROE ST.
WOODLEY RD.
3900 Sunforest Court
Suite 232
SUNFOREST
Christ
the King
Church
475
North
SECOR RD.