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OF LAS VEGAS

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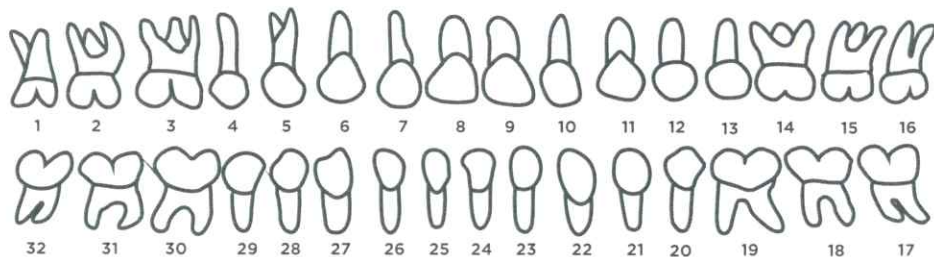
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*\*Please indicate tooth for  
endodontic consideration\**

Introducing: \_\_\_\_\_

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Appt. Date: \_\_\_\_\_

- Evaluate & treat as needed
- Consultation only
- Place post & pore
- Leave post space
- Place access opening restoration
- Please call before treatment

Comments \_\_\_\_\_

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