



SCOTT GEORGE, DMD
Practice Limited to Endodontics
2415 NE 134th St. Suite 311
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Fax: 360.576.5059 www.salmonendo.com

Patient Name _____ Phone _____

Referred By _____ Date _____

- | | |
|---|--|
| <input type="checkbox"/> Root Canal Treatment | <input type="checkbox"/> Endodontic Surgery |
| <input type="checkbox"/> Endodontic Retreatment | <input type="checkbox"/> Endodontic Consultation |

Please Circle Tooth to be Treated

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- | | |
|--|--|
| <input type="checkbox"/> Place temporary restoration | <input type="checkbox"/> Composite Core |
| <input type="checkbox"/> Leave post space | <input type="checkbox"/> Amalgam Core |
| <input type="checkbox"/> No orifice barrier | <input type="checkbox"/> Place post and core |

Remarks: _____

Appointment: _____

Time: _____



Scan this code with your
mobile device for info
and directions

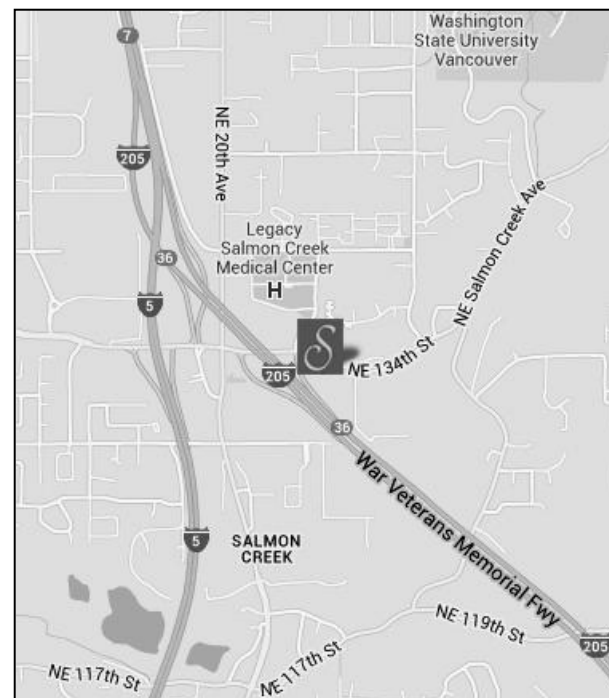
salmon creek



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**Located in the Salmon Creek
Medical Building**