



ENDODONTIC SOLUTIONS

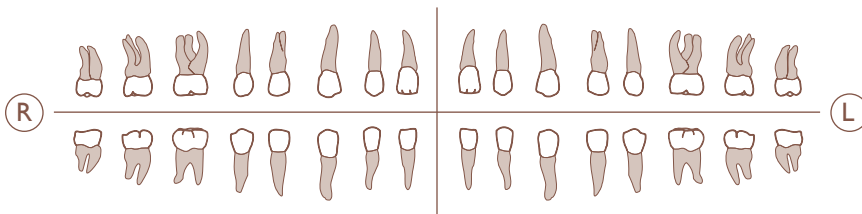
This will introduce:

The following time has been reserved for your patient:

Name: _____ Date: _____

Telephone: _____ Time: _____ am pm

For evaluation of:



Reason for Endodontic Referral:

- Consultation
- Root Canal Therapy
- Retreatment
- Periapical Surgery
- Vital Pulp Therapy
- Other: _____

Comments or any relevant medical history:

- I want post space
- No post space

Referred by Dr. _____ Please call me before seeing the patient

Tel: _____ E-Mail: _____



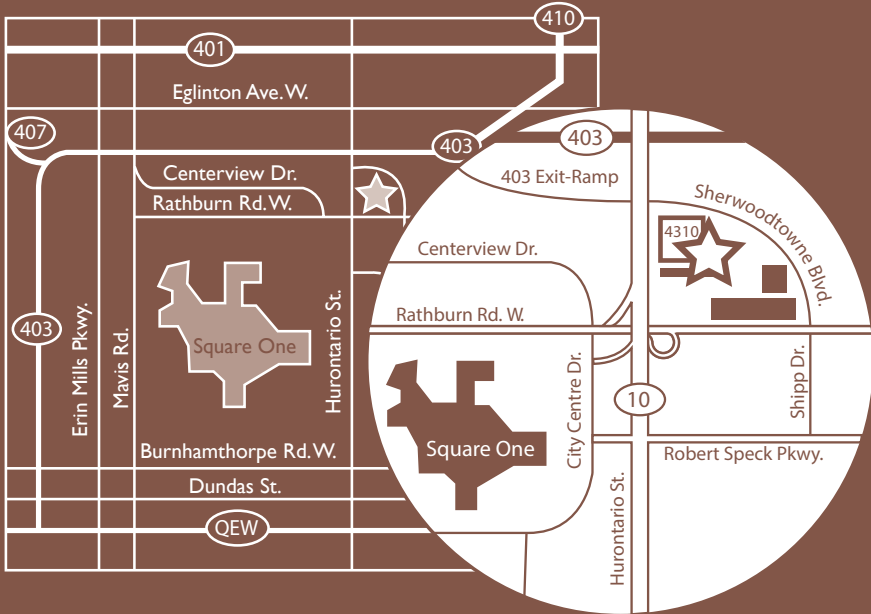
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OUR GOAL:

We as an office commit to understanding that everything that will happen in our practice will arise out of the needs and wants of our clients. Our team will endeavour to serve those we treat with a superior level of care based on continuing education, state-of-the-art technology, evidence based science and consummate skill.



DRIVING DIRECTIONS:

Heading south on Hurontario St., turn left onto Robert Speck Pkwy. Your first set of lights will be Shipp Dr., make a left. Proceed on Shipp Dr. through the next set of lights (Rathburn Rd.).

Note: Shipp Dr. turns into Sherwoodtowne Blvd. after Rathburn Rd.

Our office is located on the left hand side, in the BDC building #4310 Sherwoodtowne Blvd., Suite 300 on the 3rd floor.

FOR GENERAL INFORMATION, AND TO SCHEDULE YOUR APPOINTMENTS, PLEASE CALL:

905.270.3357 Toll free: 1.877.642.ENDO

OUR REGULAR OFFICE HOURS ARE:

Monday to Friday, 8:00 a.m. to 4:00 p.m.

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