

**R. RUBIN GUTARTS DDS, MS, INC.
CLEVELAND ENDODONTICS**

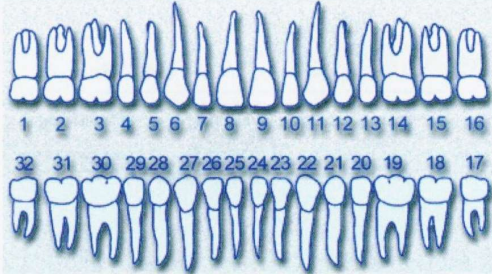
SPECIALIST IN ENDODONTICS
PARMA RIDGE MEDICAL CENTER
6789 RIDGE RD. #301 PARMA, OHIO 44129
www.clevelandendo.com
TELEPHONE (440)842-4111
FAX (440)842-3393
gutarts.1@clevelandendo.com



PATIENT: _____

APPOINTMENT DATE: _____ TIME: _____

TOOTH # _____ ALSO MARK WITH "X"



DR.: _____ DATE: _____

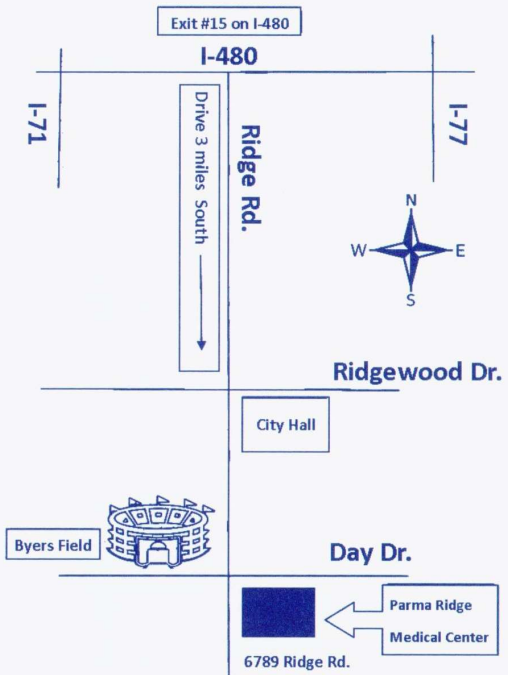
REFERRING DR.'S PHONE # _____

- EXAM AND DIAGNOSIS ONLY
- ENDODONTIC ROOT CANAL TREATMENT
- RE-TREATMENT / APICOECTOMY CONSULT
- PREPARE POST SPACE SEND PARAPOST
- PREPARE CAST POST
- I WILL MAKE MY OWN POST SPACE
- Fill access with Cotton Pellet and Non-Eugenol filling
- Fill access with a Non-Eugenol Permanent Base filling

REMARKS: _____

Please give 48 hours notice if you need to cancel appointment.

Map located on opposite side



FOR MORE SPECIFIC DIRECTIONS PLEASE GO TO OUR WEBSITE AND CLICK ON "CONTACT US" THEN "LARGER MAP"

ADDITIONAL REMARKS:

