



G. JOSEPH SCHWANN* DMD
CERTIFIED SPECIALIST IN ENDODONTICS

Date: _____

Introducing _____ Phone: H: _____

W: _____

C: _____

for endodontic consideration of the following teeth #: _____

Referred by Dr. _____ Phone: _____

Call office prior to treatment

Existing restoration may be sacrificed Y / N

Diagnostic Consultation.

Patient in pain.

Please treat.

Intentional root canal therapy prior to prosthetic restoration.

Surgical endodontic assessment.

Treatment has been started and/or referred because:

anesthesia difficulties. existing root fillings, posts, restoration.

calcified canals. separated instrument.

exceptional canal anatomy. perforation.

Comments: _____

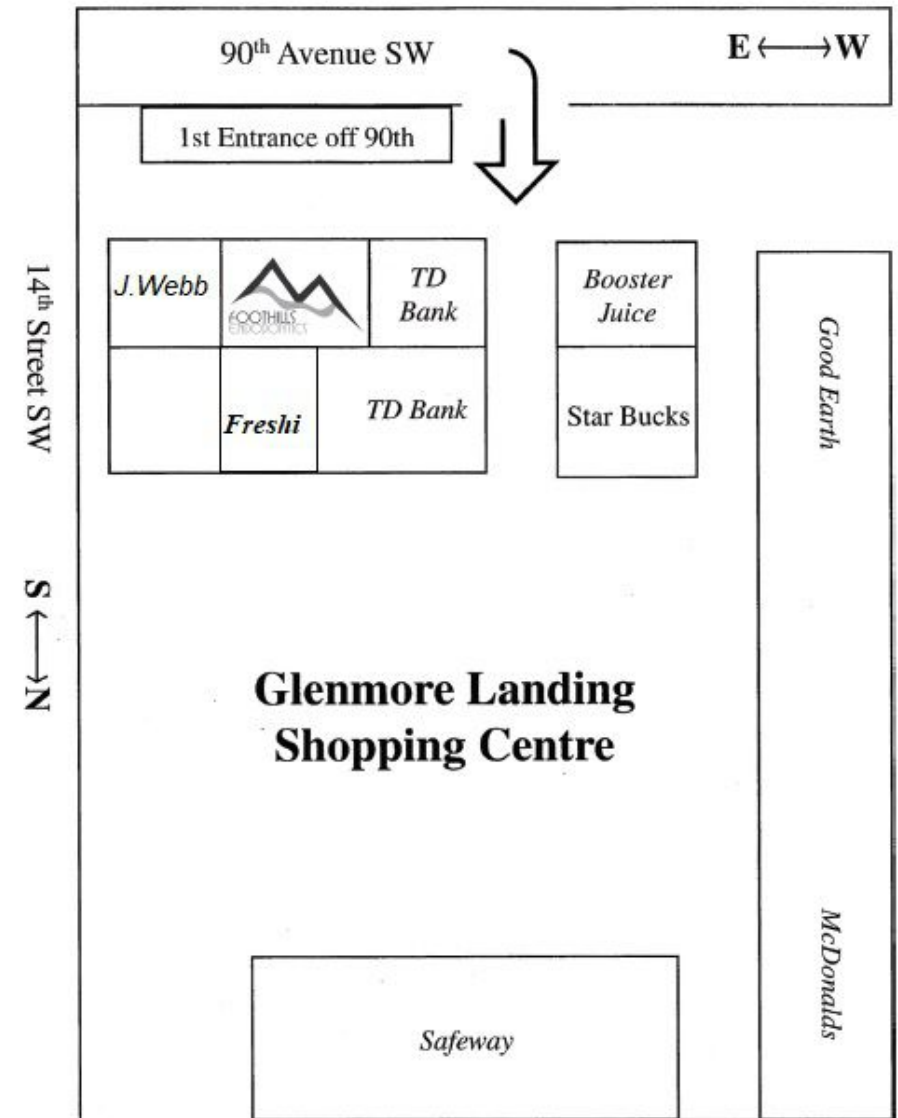
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MAP ON BACK

Appointment scheduled for: _____ Time: _____

* denotes professional corporation



Heritage Park is Located North of Glenmore Landing