

Rico D Short, D.M.D
AAE Specialist Member



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Introducing _____

Referring Doctor _____

Please evaluate for the following:

Phone#: _____

Appointment date: _____

Endodontic Treatment (marked below)

X-Rays

Being Mailed

Given to Patient

Return to Us

Duplicates- Do Not Return

No X-Ray Available

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

Endodontic Retreatment

Endodontic Surgery

Post Preparation

Consult only

Please call me regarding this patient

Remarks/Special
Instructions: _____

Patients under the age of 18 should be accompanied by parent or guardian. This office is not a provider of any managed care dental group plan. We will be happy to assist you in understanding and filling your dental insurance benefits.

