PATIENT

TELEPHONE # DATE

REFERRING DR.

COMMENTS:

☐ Please send our office more referral cards!

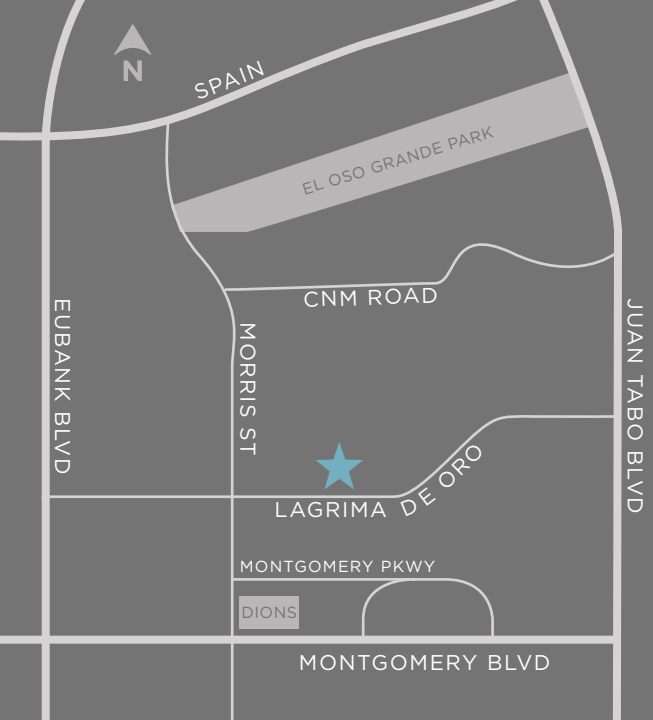
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

**Referred for:**

- ☐ EVALUATION
- ☐ ROOT CANAL THERAPY
- ☐ ENDODONTIC SURGERY
- ☐ 3D CONE-BEAM SCAN
- ☐ EVALUATION FOR FRACTURE
- ☐ RESORPTION
- ☐ TRAUMA
- ☐ OTHER

**Post-Treatment Restorations Preferred:**

- ☐ TEMPORARY RESTORATION
- ☐ PERMANENTLY RESTORE ACCESS
- ☐ POST & CORE
- ☐ CORE BUILDUP
- ☐ PREPARE FOR POST SPACE




# ABQ ENDODONTICS

HADLEY PACHECO CLARK

505-291-8630
10429 LAGRIMA DE ORO RD
ALBUQUERQUE, NM 87111

ABQendodontics.com