

Chris Ettrich DDS, MSD

Introducing		Date
Referring dentist		Phone number
O Patient already scheduled	Date of appointment	Time of appointment
O Call patient to schedule	Home phone	Work phone
Please circle teeth or are	ea that may need treatment	
$\underset{1}{\overset{\wedge}{\bigcirc}}$		12 13 14 15 16
$\mathcal{E}_{0}^{32}$	31 30 29 28 27 26 25 24 23 22 21	20 19 18 17
Reason for referral:	Evaluation, consultation only     Root canal therapy as indicated -Tooth #	
	O Prepare post space O Retreatment case O Bleach	
Surgical Endodontics:	<ul><li> Apical surgery</li><li> Biopsy</li><li> Perforation/resorption repair</li></ul>	
Other helpful information	or comments:	

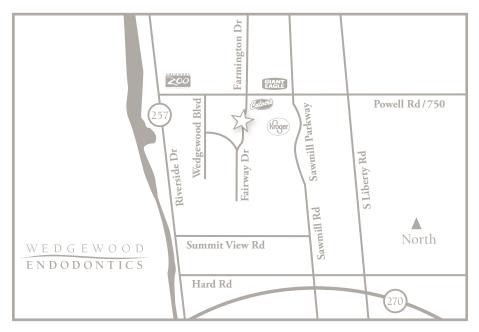


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## Some helpful information for patients:

- Please call 614-789-ENDO (3636) to schedule an appointment. You can also visit our website www.wedgeendo.com for more useful information.
- If you have recent X-rays of the teeth being treated, please bring them from your dentist's office. We will usually need to take an additional X-ray for comparison.
- Minors must be accompanied by a parent or guardian at the first appointment.
- Fees are payable upon completion of treatment.
- Your appointment time is especially reserved for you. If you are unable to keep your appointment time, please give 24 hour notice.

## Directions to our office



Hours: Mon - Fri 8:00 am - 4:30 pm