NORTH RALEIGH ENDODONTICS™

ANTHONY L. HORALEK, DDS, MS, PA
8330 BANDFORD WAY, STE. 105
RALEIGH, NC 27615
www.NorthRaleighEndo.com
(PH) 919.256.3996
(FX) 919.256.3999
Patient Care@NorthRaleighEndo.com

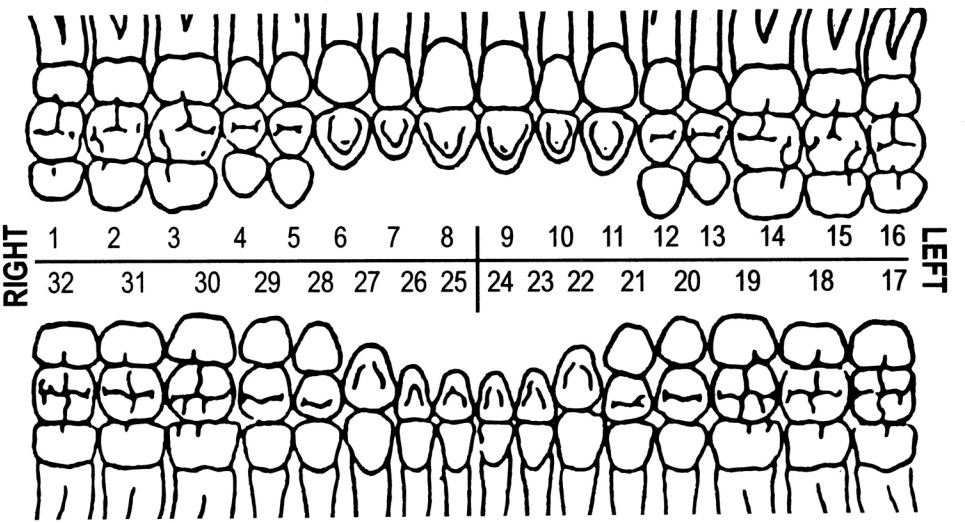
Date:_____

This will introduce: _____

Phone:_____

For:

Diagnosis	Treatment	Emergency
Pulp was exposed	Evaluate for dental trauma	
Radiograph revealed radiolucency	Restoration with post planned	
Special needs (see comments)	Other_____	



Comments:_____

_____

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_____

Referred by Dr. _____ Phone: _____

Appointment: _____