

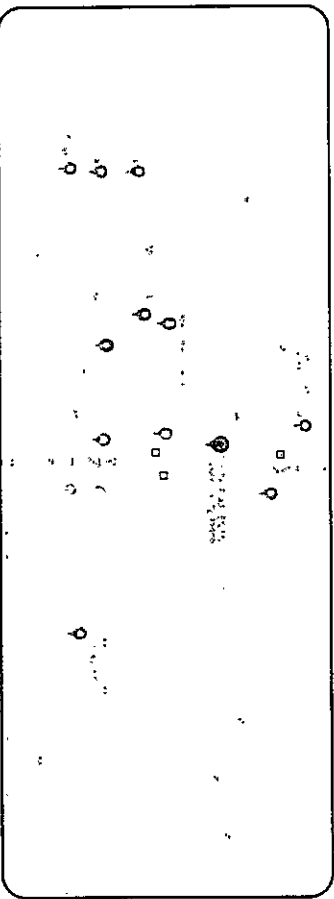
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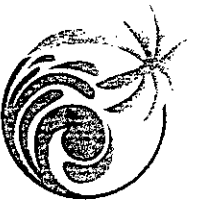
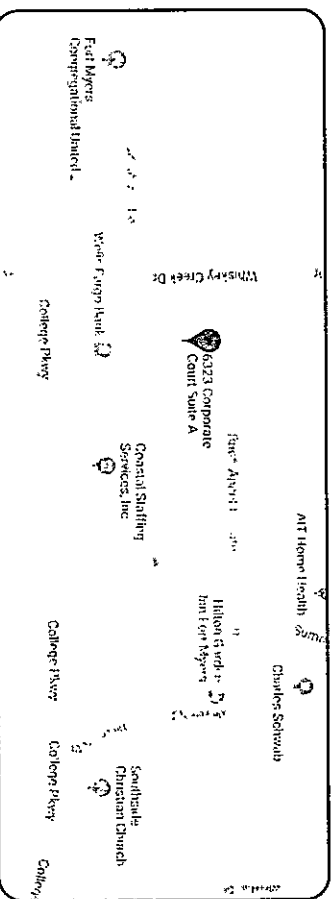
CAPE CORAL

326 DEL PRADO BLVD N, SUITE 202, CAPE CORAL, FL 33909
 P: 239.482.5311 F: 239.673.7026



FORT MYERS

6323 CORPORATE COURT, SUITE A, FORT MYERS, FL 33919
 239.482.5311 F: 239.482.8531



FLORIDA
ROOT CANAL
 SPECIALISTS

STEVEN M. FREY, D.D.S., M.S.
 RYAN HARRIS, D.M.D.
 I. ANDREA HERNANDEZ, D.M.D., M.S.D.
 MEGHANN LUSSIER, D.M.D.
 WWW.FLORIDAROOTCANALSPECIALISTS.COM
 CAPECORAL@FLORIDAROOTCANALSPECIALISTS.COM
 FORTMYERS@FLORIDAROOTCANALSPECIALISTS.COM

Cape Coral 326 Del Prado Blvd N, Suite 202 P: 239.482.5311 F: 239.673.7026
 Fort Myers 6323 Corporate Court, Suite A P: 239.482.5311 F: 239.482.8531

Dr. Steven M. Frey Dr. Ryan Harris Dr. Meghann Lussier
 Dr. I. Andrea Hernandez

Today's Date: _____
 Appointment Date & Time: _____

Introducing: _____ Patient Phone: _____

Referred by Dr.: _____

Patient is being referred for the following:

- Examination/Consultation Only
- Root Canal Therapy
- Retreatment/Endodontic Surgery

For Tooth #:

- Pulp was exposed RCT begun
- Tooth has fracture Asymptomatic
- Periapical radiolucency Pre-prosthetic endodontics
- Please call me concerning patient SBE prophylaxis required
- Nitrous

Upper Right								Upper Left							
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
Lower Right								Lower Left							

Comments: _____

When treatment is complete, please:

- Restore access opening as needed Place temporary restoration
- Prepare post space

Signed Dr.: _____