

John D. Wells, D.D.S., P.A. Practice limited to Endodontics

	John	D.	Wells,	DDS
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☐ JT Davis, DMD

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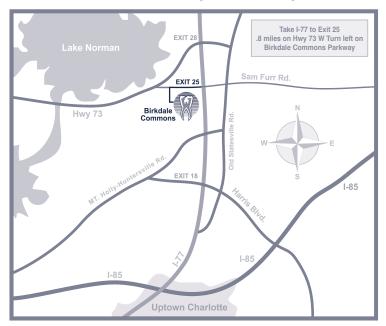


Scan for information

□ Root Canal Treatment □ Diagnosis □ Retreatment □ Endodontic Surgery Tooth #	ntroducing
□ Diagnosis □ Retreatment □ Endodontic Surgery Tooth #	Referred by Dr.
□ Root Canal Treatment □ Diagnosis □ Retreatment □ Endodontic Surgery Tooth #	
□ Diagnosis □ Retreatment □ Endodontic Surgery Tooth #	Patient is being referred for the following:
□ Retreatment □ Endodontic Surgery Tooth # Special Instructions: Comments: Appointment: Date: Time:	Root Canal Treatment
Tooth #	☐ Diagnosis
Tooth #	Retreatment
Special Instructions: Comments: Appointment: Date: Time:	☐ Endodontic Surgery
Appointment:	Cooth #
Appointment: Date:	pecial Instructions:
Appointment: Date:	
Appointment: Date: Time:	
Appointment: Date: Time:	
Date: Time:	
Patient will be instructed to return for final restoration.	Date: Time:
	Patient will be instructed to return for final restoration.

If you are unable to keep this appointment, kindly give 24 hours notice.

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