



# LAKE ENDO endodontics

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

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Scan for information

Introducing \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

**Patient is being referred for the following:**

- Root Canal Treatment
- Diagnosis
- Retreatment
- Endodontic Surgery

Tooth # \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

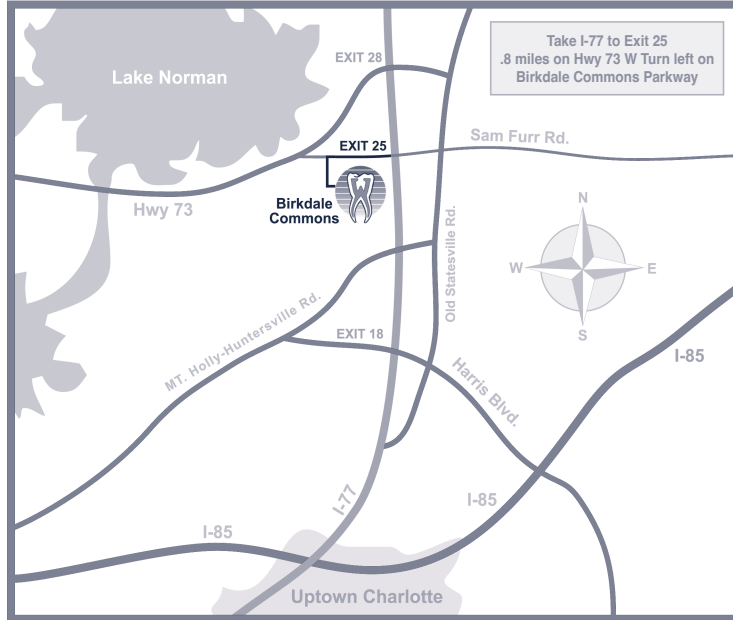
**Appointment:**

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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