



Matthew B. Balasco, D.D.S., Inc.

Practice Limited to Endodontics

5180 E. Main St
Columbus, Ohio 43213
Tel: (614) 864-2140

550 E. Main St.
Lancaster, Ohio 43130
Tel: (740) 687-5900

(800) 488-7857

Introducing: _____
for endodontic consideration.

Your appointment is: _____

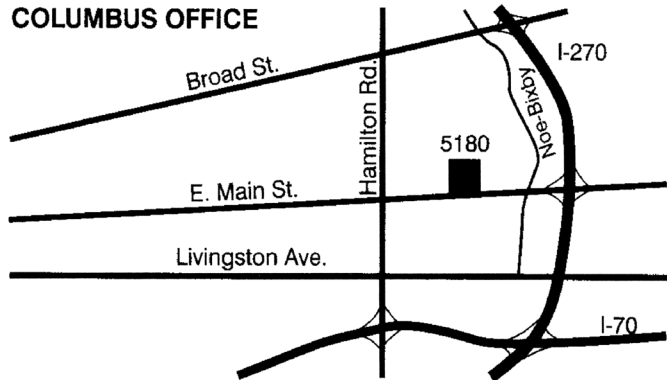
Referred by Dr. _____ Date _____

Upper Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Upper Left
Lower Right	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower Left

- Examination and Diagnosis
- Endodontic Therapy, Tooth No. _____
- Retreatment, Tooth No. _____

- Surgery
- Dowel / Post Preparation Required
- Comments _____

COLUMBUS OFFICE



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