



EndodonticSpecialists inc.
eshawaii.net

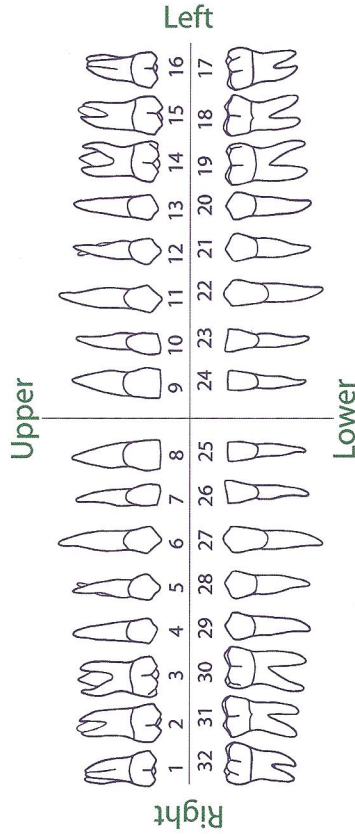
DATE: _____

Introducing _____

Referred by Dr. _____ Phone _____

- Diagnostic Consultation of: _____
- Previous RCT or Surgery: _____
- Diagnosis and Treatment of: _____

(Circle Tooth / Area Involved)



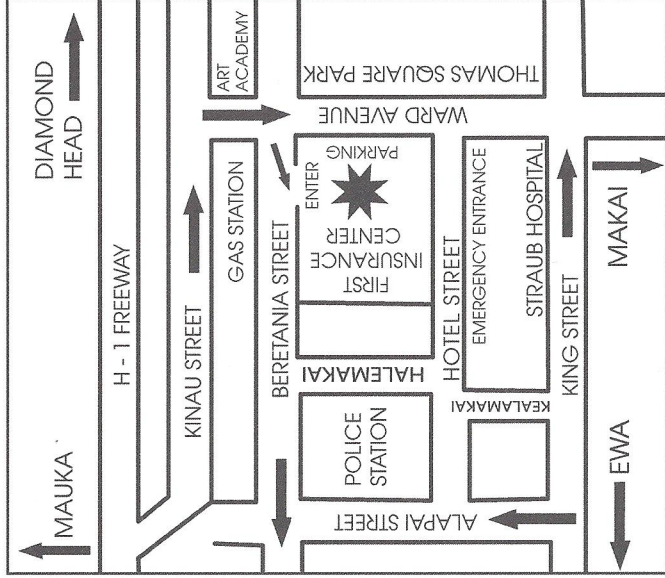
Post Space (Circle): Yes No Dr.'s Discretion

- Call After Examination
- The Tooth is Treatment Planned for (Circle):
Restoration of Access / Crown / Replacement of Crown

Remarks: _____

Honolulu Office 808-532-3900 Aiea Office 808-483-4111
(Fax) 808-532-3955 (Fax) 808-483-4115

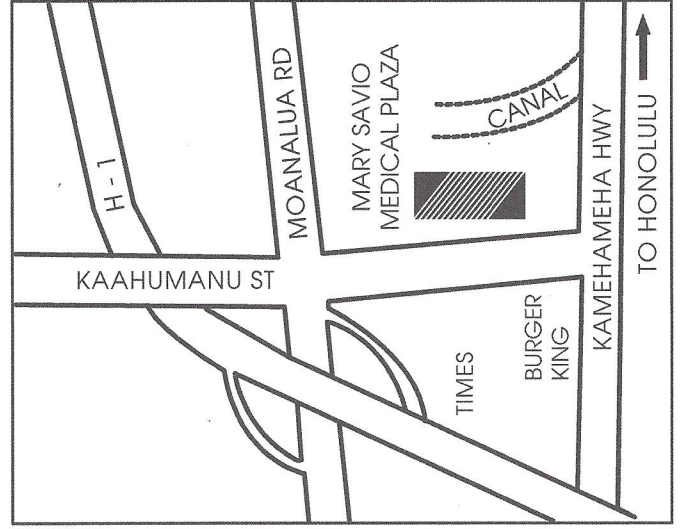
HONOLULU OFFICE



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AIEA OFFICE

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For information
regarding our practice,
please visit eshawaii.net

