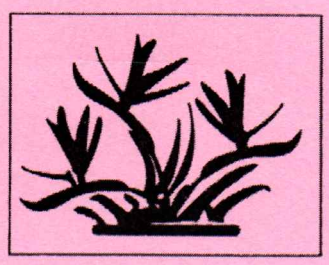


# My Root Doctor

Liwen Tao | Yasmin Hoffman

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Clearwater, Florida 33761
(727) 799-6995 • Fax (727) 799-6854
email: rootcanaldrtao@gmail.com
www.myrootdr.com


This will introduce: Date: _____

- ❑ Mrs. _____
- ❑ Mr. _____

Tooth No. _____ for the following:

- ❑ Consultation Only
- ❑ Complete Endodontics Therapy
- ❑ Surgical Endodontics
- ❑ 3D-CBCT

Post Space

- ❑ Yes
- ❑ No

Patient Has:

- ❑ Toothache
- ❑ Pulp Exposure
- ❑ Swelling or Fistula
- ❑ Open Tooth
- ❑ _____

Comments: _____

_____

_____

_____

Referred by: _____

Patient will be instructed to return
to referring dentist for final restoration.

**Thank You!**

(map on reverse)

DUNEDIN
Main St.
U.S. 19
Mall
W
N
S
E
Countryside Blvd.
Landmark Dr.
Charles Ave.
Enterprise Rd.
Curlew Rd.
S.R. 580
Countryside High School
Parking Lot
Daniel St.
7-Eleven
McMullen Booth Rd.
OLDSMAR