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- Dr. Dean S. Staniloff DDS FRCD [C]
 Dr. Kamil P. Kolosowski DDS FRCD [C]
 Dr. Nahal Vessal DMD MScD FRCD [C]



CERTIFIED SPECIALISTS IN ENDODONTICS

Patient: _____

Phone: (H) _____ (W) _____ (C) _____

Referred by Dr. _____

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

- Diagnostic Consultation Intentional Endodontics Conebeam CT
 Emergency Treatment X-Ray Enclosed

Treatment Provided & Complication: _____

Medications Prescribed: _____

- Crown / Bridge is Cemented Permanently Temporarily Provide Post Space

Other: _____

Appointment Scheduled for:

Date _____ Time _____

Doctor Signature _____



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PARKING AVAILABLE ONSITE