

ACE All County Endodontics, PC

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Practice limited to endodontics

112 Westminster Road

Scarsdale, NY 10583

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www.allcountyendo.com



SPECIALIST MEMBER

Introducing : _____

Referring Dr.: _____

Appointment:

MON TUE WED THU FRI SAT
 / /20 at A.M. P.M.

(Please provide 48 hours notice of cancellation.)

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

Tooth to be evaluated/treated: _____

Additional comments: _____

Post space requested

Temporary filling will be placed unless otherwise directed.

(Please see reverse for directions.)

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