



Lee and Murrin Endodontics

David G. Oser, DDS | Shelly L. Lee, DDS, MS



1570 Fishinger Road
Columbus, Ohio 43221-2114



Tel: 614-459-2000



Fax: 614-459-5733



Web: www.uaendo.com

Patient Name: _____

Referral Courtesy of:

Referring Doctor: _____

Phone: _____

Date: _____

Referred for:

- Endodontic Consultation
- Root Canal Therapy
- Retreatment
- Endodontic Surgery
- Temporary Restoration Only
- Place Core Build-up
- Place Post and Core
- Post-Space Preparation



Special Instructions: _____



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Practice Limited to Endodontics



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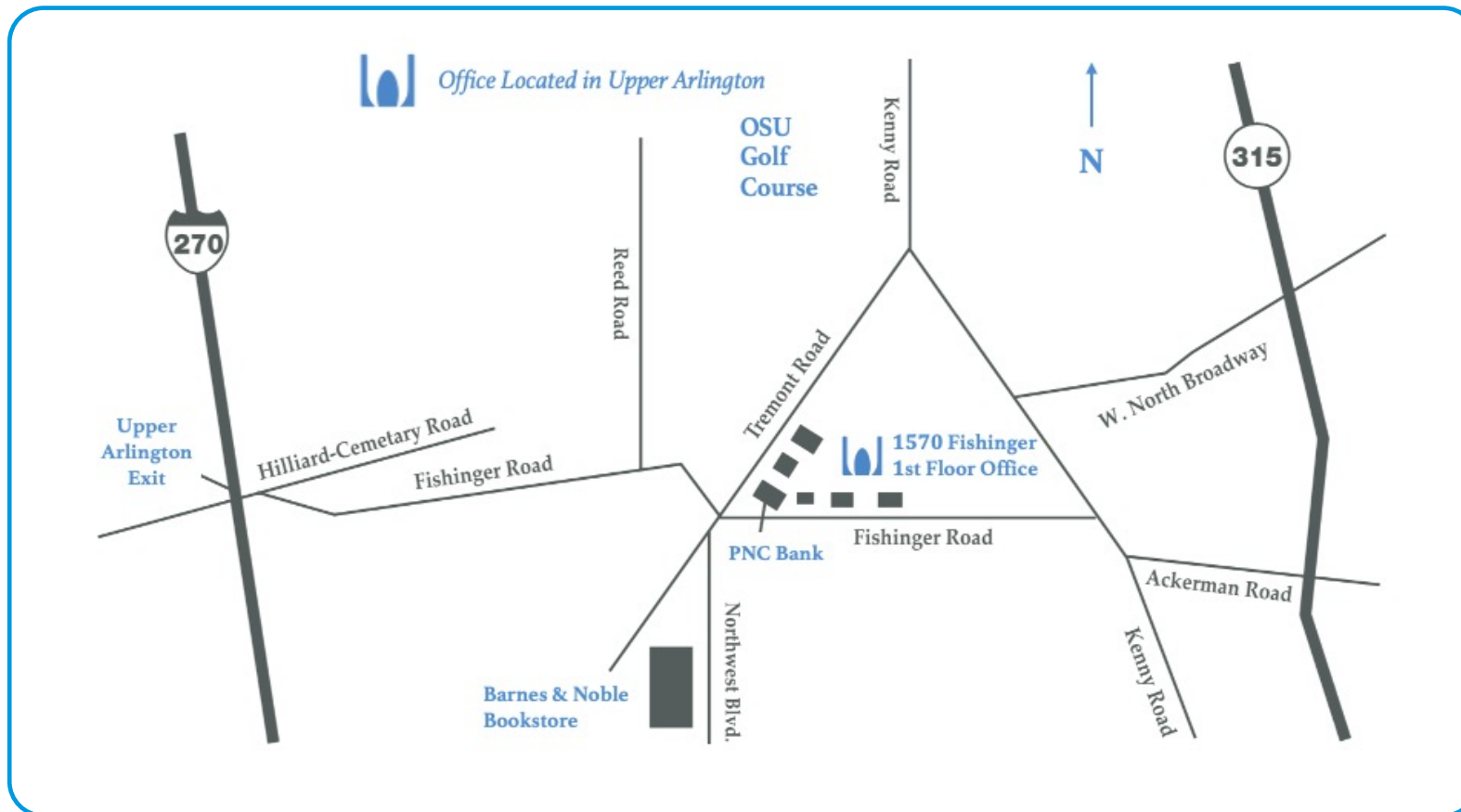
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