

Southside Endodontics



Scott E. Gerard, DDS
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(804) 520-0000
FAX (804) 520-2111

Referral for Root Canal Therapy

Date of Referral _____

Patient _____

Appointment Date _____
month/day/year time

Tooth Number _____ X-Ray Included _____

Referred by Dr. _____

Specific Instructions or Comments

Please bring the following items to your appointment:

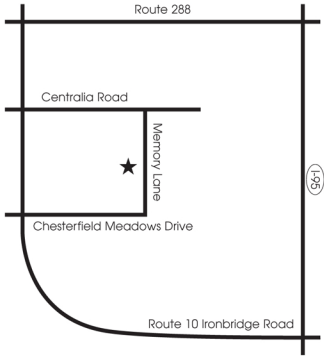
- 1. Dental Insurance Card(s)**
- 2. Photo I.D./Military I.D.**
- 3. X-rays from your dentist**
- 4. List of prescription medications**

Scott E. Gerard, DDS Ellen R. Oertel, DDS, MS
 E. Paige Turner, DDS, MS

Directions Located on Back of Form

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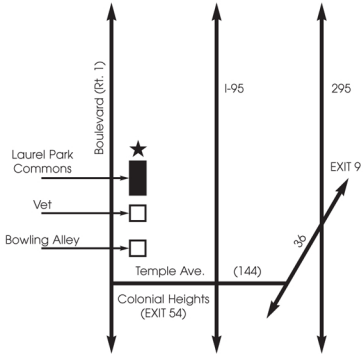
Chesterfield Office



W

E

Colonial Heights Office



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