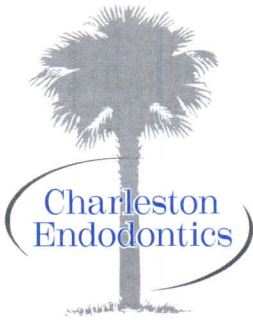


PLEASE BRING THIS REFERRAL TO YOUR APPOINTMENT



- Kenneth T. King, D.M.D.
- Gregory B. Wiggins, D.M.D.
- Geoffrey S. Steinkruger, D.M.D, M.S.
- Justin R. McAbee, D.M.D., M.S.D.
Diplomate, American Board of Endodontics
- Matthew D. Morris, D.M.D.
- Krista A. Strange, D.M.D.

- North Charleston
Phone: 843-569-1717 Fax: 843-569.6139
- Summerville • N. Pine St.
Phone: 843-376-2222 Fax: 843-376-0132

- West Ashley
Phone: 843-766-5070 Fax: 843-763-7348
- Summerville • Royle Road
Phone: 843-376-0585 Fax: 843-376-0587

Patient _____

Date _____

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

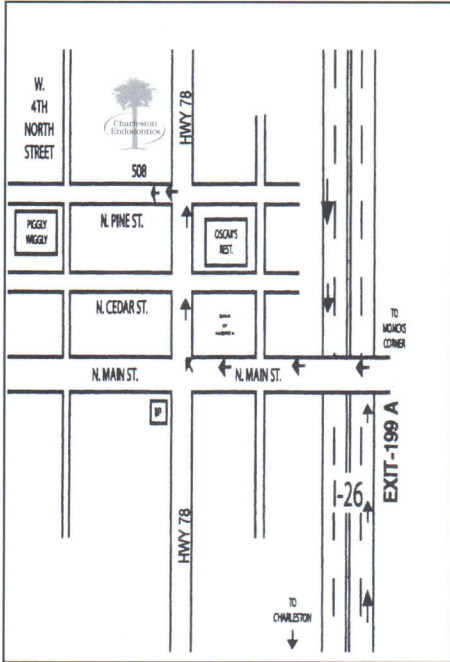
- Evaluate only
- Evaluate and treat
- Treatment has been started
- Previous RCT

Referred By: _____

Summerville • N. Pine St.

508 North Pine St.
Summerville, SC 29483

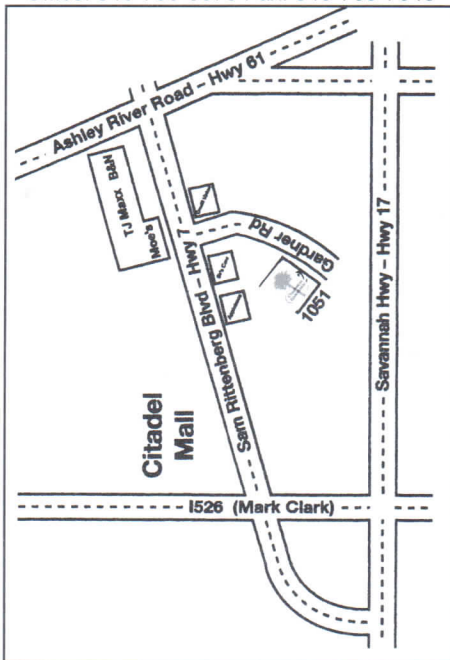
Office: 843-376-2222 Fax: 843-376-0132



West Ashley

1051 Gardner Rd, Suite B
Charleston, SC 29407

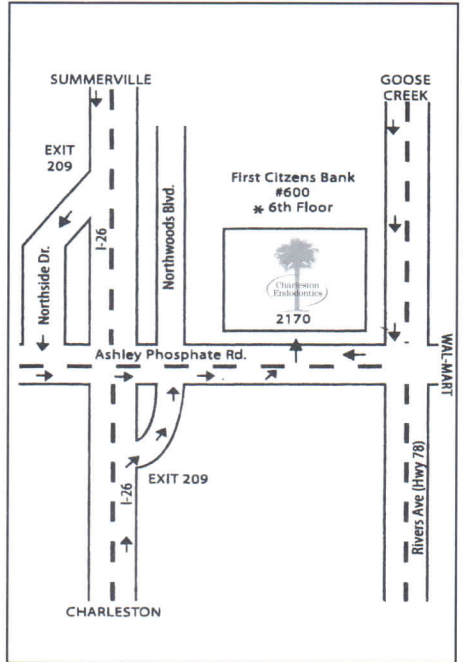
Office: 843-766-5070 Fax: 843-763-7348



North Charleston

2170 Ashley Phosphate Rd., Ste. 600
North Charleston, SC 29406

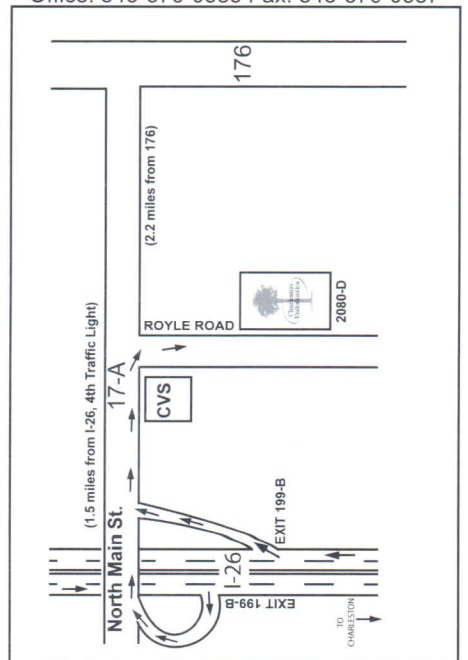
Office: 843-569-1717 Fax: 843-569-6139



Summerville • Royle Road

2080-D Royle Road
Summerville, SC 29486

Office: 843-376-0585 Fax: 843-376-0587



PLEASE BRING THIS REFERRAL TO YOUR APPOINTMENT