



Atlanta Endo Surgical Center

Dental Surgery | Root Canals



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Tucker, Georgia 30084



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F: 770-934-1783



referral@atlantaendocenter.com
www.AtlantaEndoCenter.com

Date: _____

Referred By: _____

Patient Name: _____

Tooth: _____

- EVALUATION ONLY
- CONE BEAM / CT EVALUATION
- ROOT CANAL TX
- RE-TX
- APICOECTOMY
- POST SPACE PREPARATION

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

REMARKS: _____

Appointment Date / Time: _____

Please fax referrals to: **(770) 934-1783**

Please email x-rays to: **referral@atlantaendocenter.com**

