ENDODONTIC EXCELLENCE *of Atlanta*

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Suite 1180
Atlanta, GA 30305

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TEL (404) 689-7779

Megan E. King DMD, MSD

This is to Introduce _____ Date: _____

Date of Birth: _____ Patient's Phone #: _____

Referred by Dr. _____ Doctor's Phone # _____

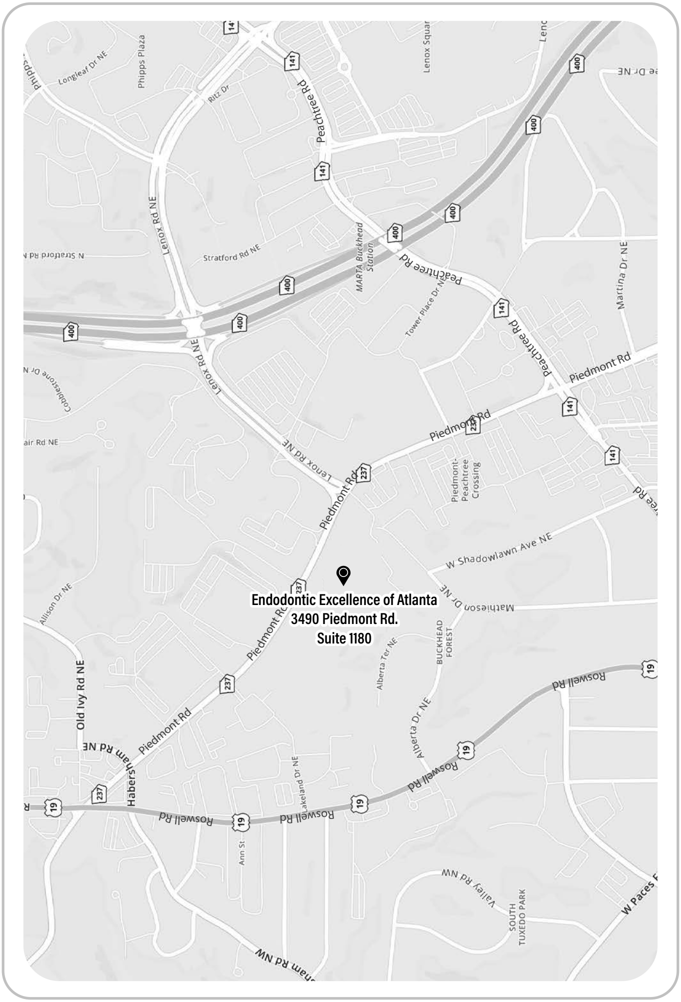
Reason for Referral: _____

- ☐ Evaluation
- ☐ Root Canal
- ☐ Retreatment
- ☐ Evaluation for Surgery
- ☐ Please Leave a Post Space
- ☐ CBCT
- ☐ Please Call Prior to TX

Tooth or Region to be Evaluated:

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

Comments: _____



Endodontic Excellence of Atlanta
3490 Piedmont Rd.
Suite 1180
Piedmont Rd
Peachtree Rd
Lenox Rd NE
Lenox Square
Phipps Plaza
Longleaf Dr NE
Ritz Dr
Stratford Rd NE
N Stratford Rd NE
MARTA Buckhead Station
Tower Place Dr NE
Martina Dr NE
Cobblestone Dr NE
Piedmont-Peachtree Crossing
W Shadowlawn Ave NE
Mathieson Dr NE
BUCKHEAD FOREST
Alberta Ter NE
Alberta Dr NE
Allison Dr NE
Old Ivy Rd NE
Roswell Rd
Lakeland Dr NE
Ann St
Valley Rd NW
SOUTH TUXEDO PARK
400
141
237
19