



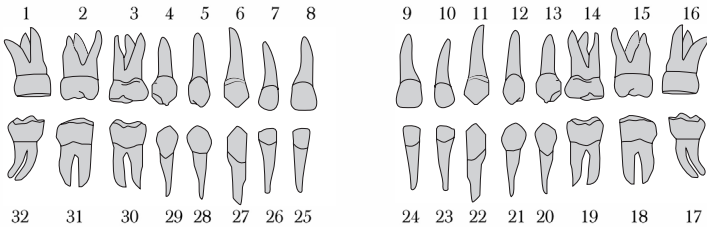
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Patient's Name: _____ Date: _____

Phone: _____ Appointment Date & Time: _____

Referring Doctor: _____

- Root Canal (Pain; radiographic pathology: pulp exposure: endo Tx started)
- Retreatment (Pain; radiographic pathology; exposed gutta percha)
- Consultation (Vague pain; uncertain radiographic pathology)
- Prophylactic Root Canal needed for the proper restoration for the tooth
- 3D CBCT scan



- Please prepare a post space
- Please restore access cavity
- Please call me

Additional Comments: _____