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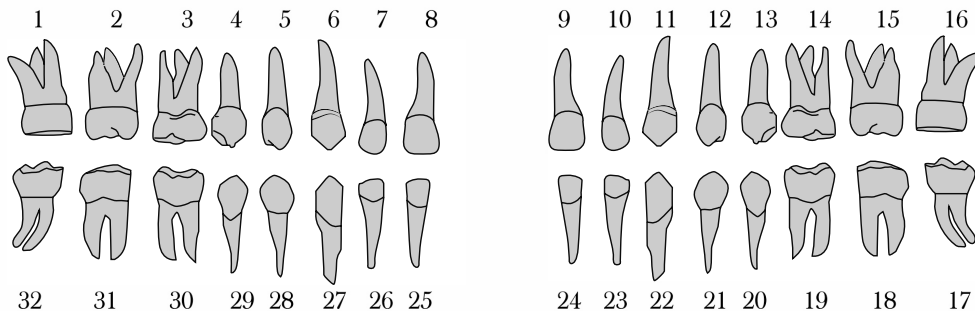
Today's Date: _____

Pt Name: _____ DOB: _____

Pt Phone: _____ Appt. Date & Time: _____

Referring Dr.: _____ Dr. Phone: _____

- Root Canal (Pain; radiographic pathology; pulp exposure; endo Tx started)
- Retreatment (Pain; radiographic pathology; exposed gutta percha)
- Prophylactic Root Canal needed for the proper restoration of the tooth
- Consultation (Vague pain; uncertain radiographic pathology)
- 3D CBCT Scan only / no consultation. Send scan to me.



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

Additional Comments: _____



2820 Baker Rd #201B Dexter, MI 48130
(Located in front of the Dexter Wellness Center)

