



G R E E L E Y Endodontics

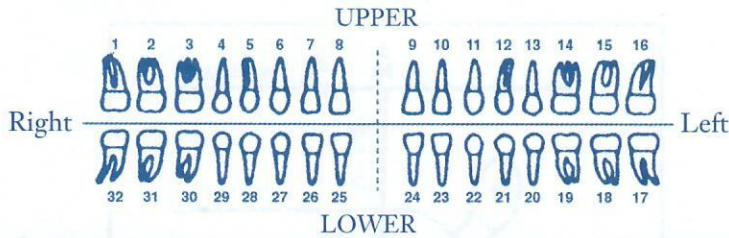
David C Funderburk, DDS, MS
Brian C Frutchev, DMD

Today's Date _____

Patient's Name _____

Referred by Dr. _____

PLEASE MARK TEETH TO BE TREATED



TREATMENT DESIRED

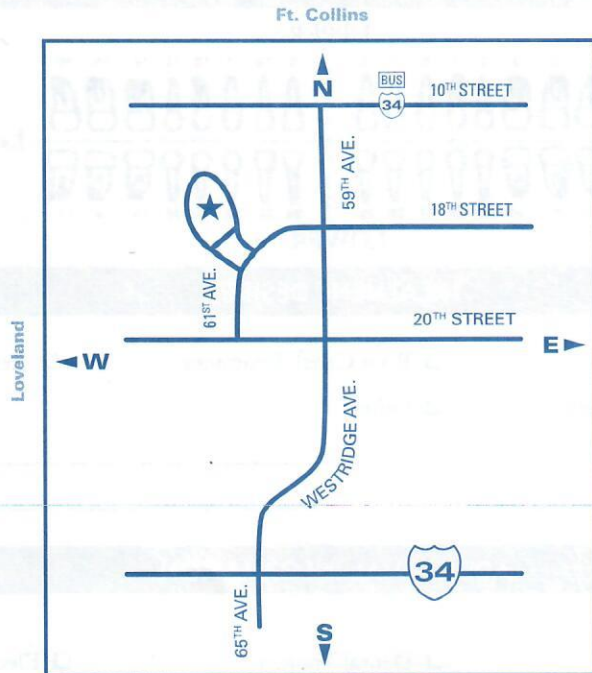
- Consultation Root Canal Treatment Retreatment
 Endodontic Surgery Other

ADDITIONAL INFORMATION

- Pulp was exposed Dental Trauma Elective Endo
 RCT started Leave post-space



1. Please call 970-515-6332 to schedule your appointment.
2. Please bring this form with you to your appointment.
3. Minors must be accompanied by a parent or guardian.
4. Please give us 48 hours notice if you are unable to keep your appointment.



Greeley Endodontics
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