



**Certified Specialists in Endodontics**

- Raymond S. Greenfeld**, D.M.D., F.R.C.D.(C)  
Diplomate American Board Of Endodontics,
- Earl S. Winestock**, D.M.D., M.R.C.D.(C)
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- David L. Hemerling**, D.M.D., F.R.C.D.(C)
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**Richmond Health Sciences Centre**

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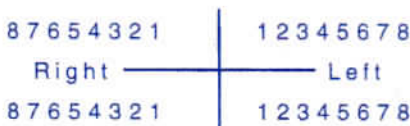
Date \_\_\_\_\_  Call Patient  
 Patient will call

Introducing: \_\_\_\_\_

Patient's telephone #: \_\_\_\_\_

Tooth #: \_\_\_\_\_

Appointment date: \_\_\_\_\_



- consultation only
- consultation and endodontic treatment
- post space                       post & core build-up

Remarks: \_\_\_\_\_

**~ PATIENT INFORMATION ~**

- Payment is expected at the time of the visit  
**UNLESS** other arrangements have been made
- Radiographs will be taken in our office

Signed - Dr. \_\_\_\_\_

Telephone No. \_\_\_\_\_