

BOARD CERTIFIED  
**PINNACLE**  
**ENDODONTICS**  
 OF GEORGIA

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**Introducing:**

**Referred by:**

**Date Referred:**

**Appointment Date/Time:**

*If referred to specific doctor or location, please specify:* \_\_\_\_\_

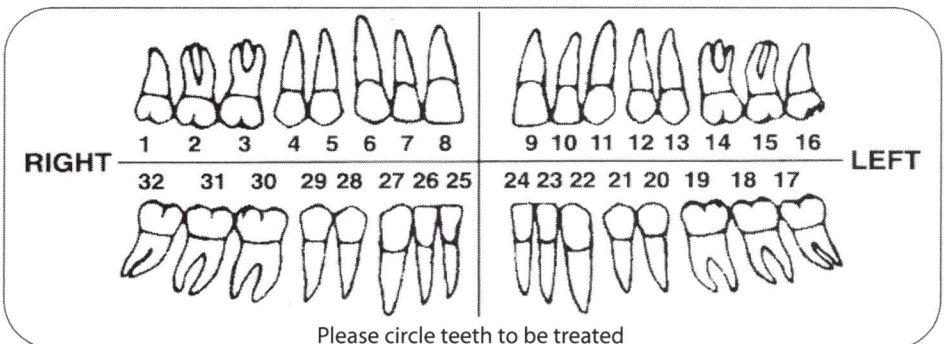
**Patient is being referred for the following:**

- Therapeutic Diagnosis     Root Canal Treatment     Re-treatment     Apical Surgery  
 Please call me concerning patient     Place post/build up     Create post space

**When treatment is complete, please**

- Temporize     Place post / build up     Create post space

**Comments:** \_\_\_\_\_



**Maps and special instructions are on the back**

## Before Your Appointment

- Please complete digital paperwork before your appointment.  
(link will be emailed to you)
- If unable to do so, please arrive 20 min before appointment time and a team member will assist you.

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## Please Bring to Your Appointment

- Referral Slip
- Form of ID
- Insurance Card
- Medication List
- OB clearance letter (if pregnant)

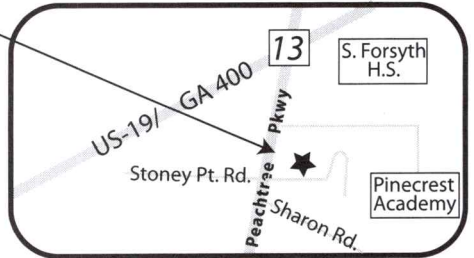
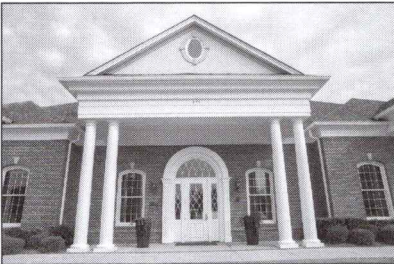
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## Please Note:

- All Fees and Co-Pays are due at appointment time
- Insurance coverages quoted are a best estimate
- Cancellation of appointment time less than 24 hours before may incur a fee
- A parent/guardian must accompany a minor under 18 years old

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