

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: _____

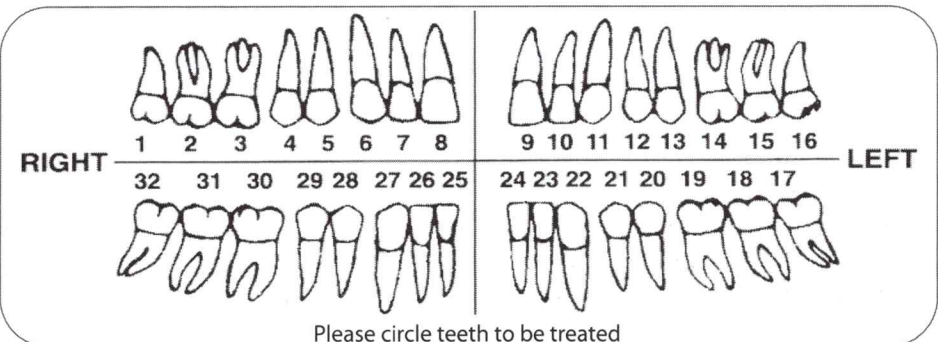
Patient is being referred for the following:

- 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.

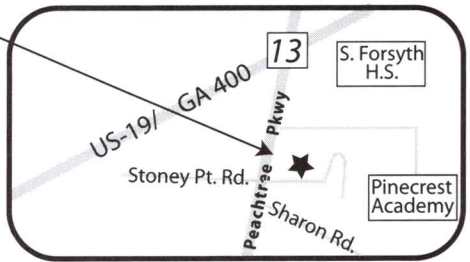
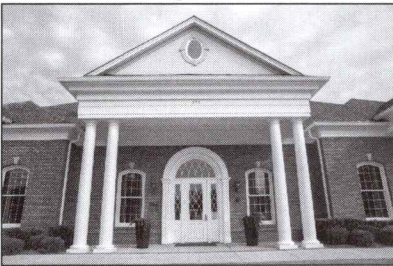
Please Bring to Your Appointment

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

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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