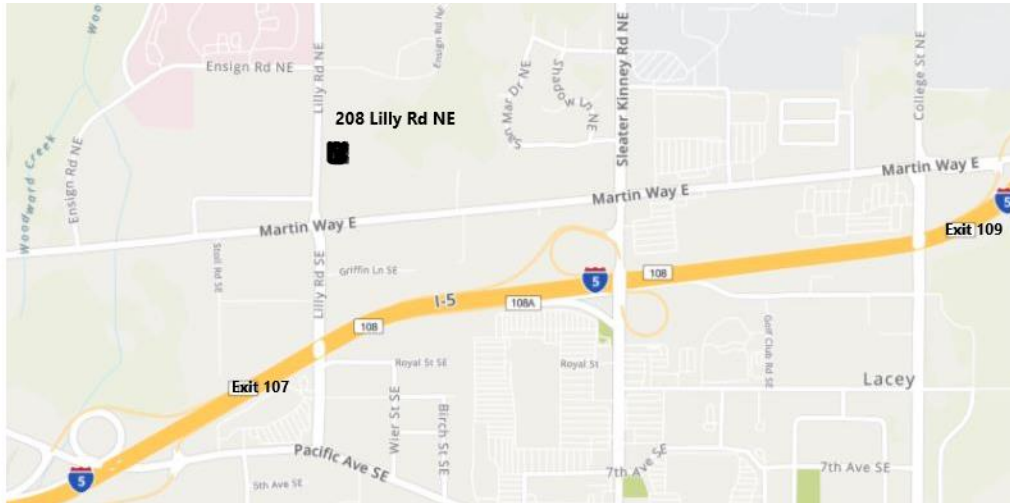


DIRECTIONS



GOING SOUTHBOUND ON I-5

Take **Exit 109** from I-5 (**Martin Way E**)
 Turn **Right** onto **Martin Way E** for 1.3 miles
 Turn **Right** onto **Lilly Rd NE** for 0.2 miles
 Office is on **Right- 208 Lilly Rd NE, Suite D**

GOING NORTHBOUND ON I-5

Take **Exit 107** from I-5 (**Pacific Ave SE, towards Lacey**)
 Turn **slight Right** onto **Pacific Ave SE** for 0.2 miles
 Turn **Left** onto **Lilly Rd NE** for 0.6 miles
 Office is on **Right- 208 Lilly Rd NE, Suite D**

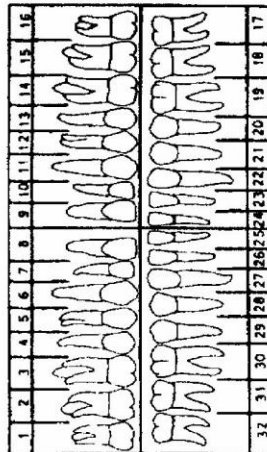
Olympia Endodontic Group

Raj Rohila, DDS • Terence Mah, DDS, MS

Practice Limited to Endodontics
 208 Lilly Rd N.E., Suite D • Olympia, WA 98506
 (360) 491-6945 • Fax: (360) 456-4538
 olympiaendo@comcast.net

Date: _____
 Introducing: _____ Phone: _____
 Appointment Date: _____ Time: _____
 Referred by Dr. _____

TOOTH (TEETH) FOR ENDODONTIC CONSIDERATION: (Please Circle)



Please Perform:
 Evaluation
 Root Canal Treatment
 Retreatment
 Surgery
 Other: _____

Other Instructions:
 Post Space *yes no*
 Final Filling *yes no*

Comments: _____

*No pain medication 6 hours prior to appointment.

- Please provide all dental insurance coverage information.
- Fees and co-payments are due at treatment time, unless other arrangements have been made.
- Kindly give 24 hours notice to reschedule appointment.
- Patient will be returned to referring dentist for final restoration.
- Minors must be accompanied by parent or guardian.