STERLING ENDODONTICS

Jeffrey A. Lieberman, DDS
Kathy Lee, DDS
Juheon Seung, DDS, MS
Alexandra Woo, DMD, MS
Corey Rollor, DDS, MS

Patient Name: _____

Referring Doctor: _____

Tooth Number(s)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Preferred communication: ☐ Phone ☐ E-mail ☐ Mail

Requested Treatment

☐ Root Canal ☐ Retreatment ☐ Consult Only
☐ Surgery/Apico ☐ CBCT

Prepare Post Space? ☐ Yes ☐ No

Notes/Instructions _____

_____

☐ Additional Pads Requested

CareCredit

Same Day Emergency

American Association of Endodontists

☐ **Glen Burnie**
808 Landmark Dr, Ste 221
Glen Burnie, MD 21061
(410) 482 - 5317

☐ **Timonium**
22 W Padonia Rd, Ste A200
Timonium, MD 21093
(410) 252 - 3900

☐ **Rosedale**
9110 Philadelphia Rd, Ste 104
Rosedale, MD 21237
(410) 285 - 7177