

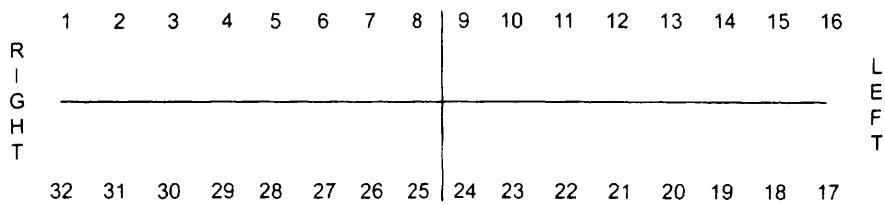
Contemporary Endodontics

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NJ Specialty # 5244

**Practice Limited
to
Endodontics**

DATE: _____

INTRODUCING: _____



**Please circle the involved area.
For consultation, please send x-ray.**

REMARKS:

- | | |
|---|---|
| <input type="checkbox"/> PULP WAS EXPOSED | <input type="checkbox"/> ELECTIVE ENDODONTICS
PRIOR TO FULL COVERAGE |
| <input type="checkbox"/> SPACE FOR POST | <input type="checkbox"/> PATIENT HAS VAGUE NON
LOCALIZED PAIN |
| <input type="checkbox"/> X-RAY REVEALED A
RADIOLUCENCY | <input type="checkbox"/> PLEASE CALL |

Dr. _____

Parking on Premises.
Please see reverse side for directions and elevator information.
Do not use Google or Mapquest for directions.