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Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

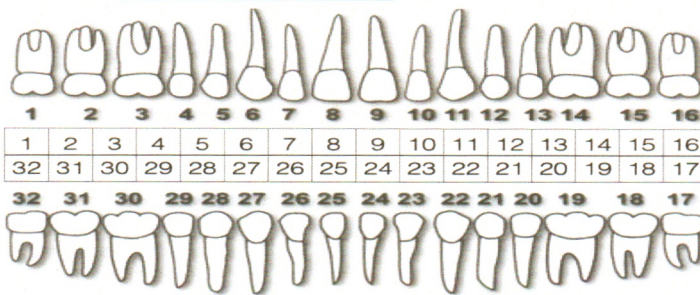
Referrer: \_\_\_\_\_

Patient Mobile: \_\_\_\_\_

**This tooth**

- has a crown with temporary cement
- has a crown with permanent cement
- has a periapical pathosis
- requires RCT for post & core
- needs retreatment
- fracture or possible fracture

Tooth #: \_\_\_\_\_



**After endodontic treatment please perform**

- temporary only
- build-up for crown
- permanent restoration of existing crown
- post & core build-up for crown

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

\_\_\_\_\_  
\_\_\_\_\_

“Where Dentists go to get their Root Canals”

Authorized Provider



# LOCATIONS WE SERVE

## Houston



3104 Edloe, Ste. 330  
Houston, TX 77027  
Phone: (713) 626-8343



**SOUTHWEST**  
Endodontics

## Lake Jackson



103 Abner Jackson Pkwy.  
Lake Jackson, TX 77566  
Phone: (979) 266-9490



**LAKE JACKSON**  
Endodontics

