

# Northern Illinois Endodontics

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Introducing:

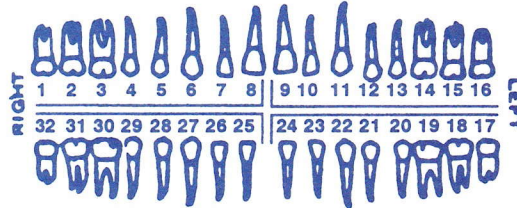
Appointment:

Date

Time

Comments:

Date Referred



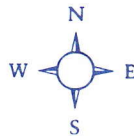
Tooth \_\_\_\_\_

- Prepare Post Room
- Premedication Required

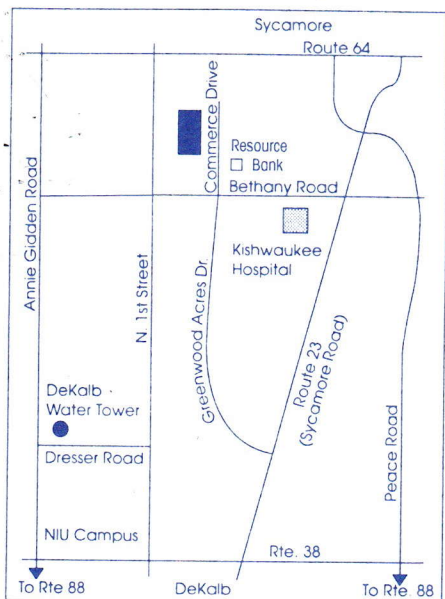
Visit our website @ [www.northernillinoisendodontics.com](http://www.northernillinoisendodontics.com) to download patient forms

Referred by Dr. \_\_\_\_\_ Tel. No. \_\_\_\_\_

Please Send With Patient



## DeKalb Office



## St. Charles Office

