

Lake Cumberland ENDODONTICS

DR REFERRAL SHEET

OFFICE OF SHEA CHEAVRONT, DMD
87 SARAH'S LANE
SOMERSET, KY 42503



INTRODUCING: _____

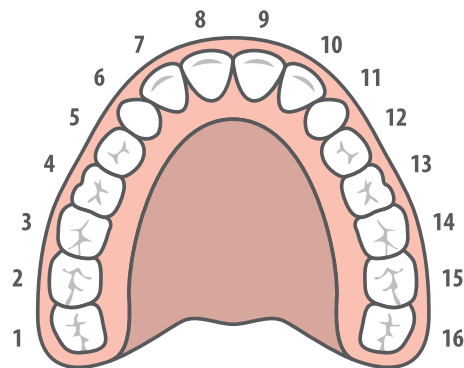
REFERRING DOCTOR: _____

PHONE: _____

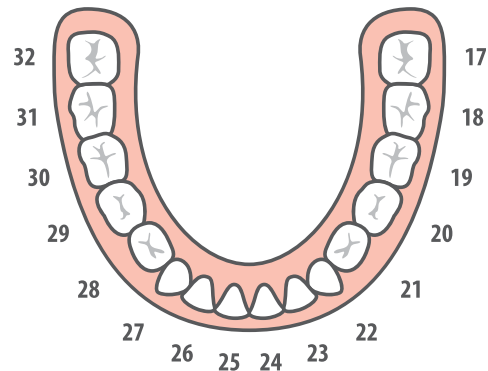
DATE: _____

PATIENT WILL BE RETURNING TO REFERRING DOCTOR FOR FINAL RESTORATION(S)

- CONSULTATION ONLY
- ROOT CANAL
- PREPARE POST SPACE
- CONTACT REFERRING DENTIST BEFORE TREATMENT



COMMENTS:



ANTIBIOTICS PRESCRIBED _____

ANALGESICS PRESCRIBED _____

OFFICE HOURS: MONDAY - THURSDAY 8AM - 4PM CALL US: 606-679-3010