



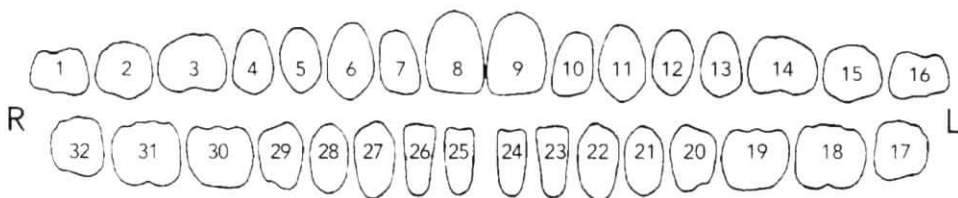
Accardo

Endodontics

Introducing _____ Phone# _____

Referring Dr. _____ Date _____

PLEASE INDICATE AREA OF CONCERN
PLEASE EMAIL RECENT RADIOGRAPHS



Consultation Only

Remove Existing Restoration?

Yes No Only if Necessary

Consult & Treat as Needed

Place Core Build up

Root Canal Treatment

Place a Post & Core

Retreatment

Leave a Post Space

Surgical Treatment

Place a Temporary Restoration

Restorative Purposes

Vital Pulp Therapy

Internal Bleaching

Other _____

Please Call to Discuss

Comments or Special Instructions _____

CHELSEA P. ACCARDO, DDS

Board-Certified Endodontist

605 N. Carrollton Ave. | New Orleans, LA 70119

email: info@accardoendo.com | phone: (504) 309-3917

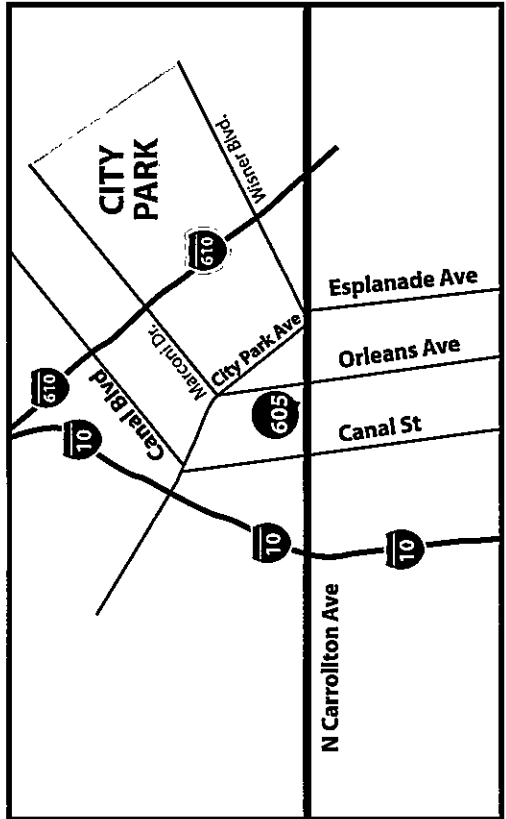
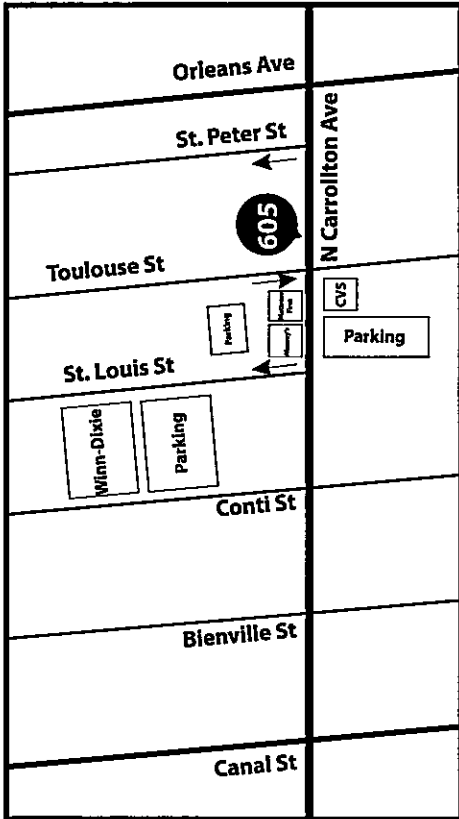


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**ADA access in the rear of the building.
Please call for assistance.
504-309-3917**