



Dr. Mark D. Lentz

Dr. Louis H. Berman

Dr. Kenneth R. Hunter

We are part of your dental team. Your dentist referred you to us because he or she believes your treatment requires the service of a specialist. We are an extension of your dentist's skill, care and judgment. Our office is committed to providing the best possible treatment, in a relaxed pleasant environment, utilizing the finest available techniques in our state-of-the-art facility, with our specially trained staff. Our goal is to save your tooth and maximize your comfort.

To assist us with your visit to our office:

- Bring this referral slip and any x-rays you were given
- Fill out and print the Registration Form, which is on our website (www.AnnapolisEndodontics.com)
- Bring a list of medications you are currently taking.

Find out more about us at:
www.AnnapolisEndodontics.com

Patient Name: _____

Referred by: _____

Please evaluate and treat tooth number _____

- Please prepare post space
- Pulpotomy was performed
- Pulp was exposed
- Patient has localized pain
- Patient has non-localized pain
- Elective endodontics prior full coverage

COMMENTS:



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