

CARE Endodontics

Julianne Carrara, DMD, MS
Joshua Ries, DMD

DEDICATED ENDODONTIC SPECIALISTS

Today's Date: _____

Patient Name: _____

Referred By: _____

Appointment Date: _____ **Time:** _____

- Endodontic Therapy
- Endodontic Consultation
- Endodontic Retreatment
- Endodontic Surgery
- CBCT/3D Imaging

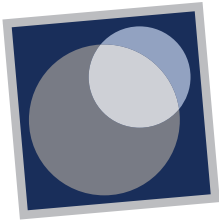
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	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

Prepare Post Room? Yes No

Premedicate? Yes No

Doctor Wishes Call? Yes No

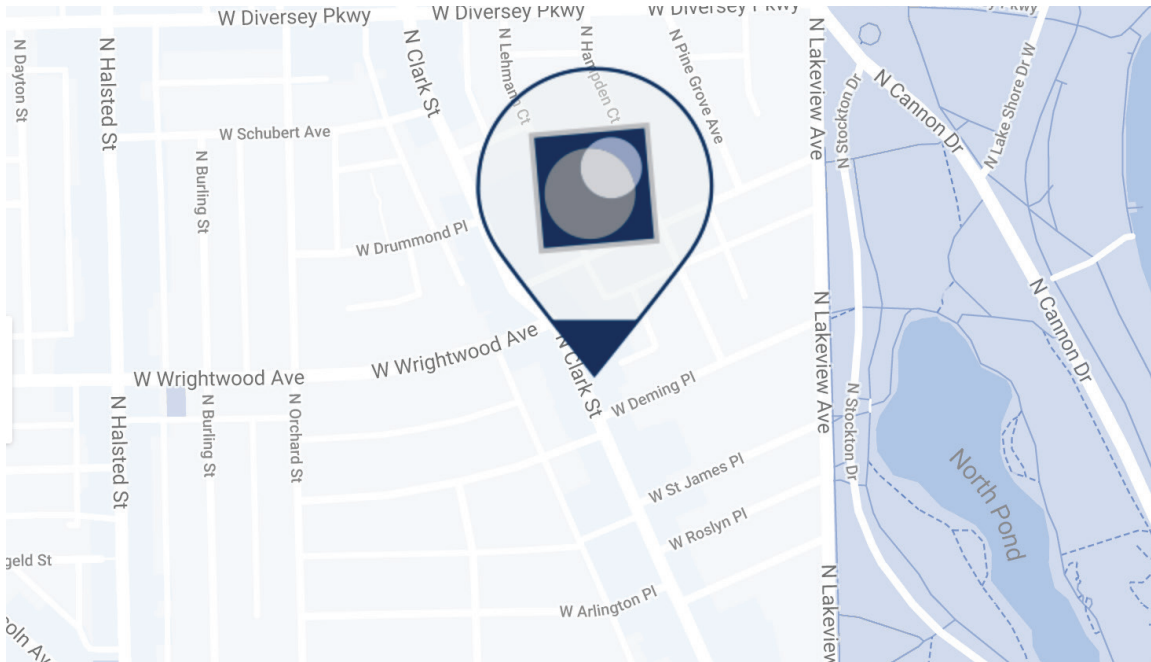
Comments: _____



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Important:

- Please bring this referral sheet and any insurance referrals to your appointment.
- Please ask about co-payments when scheduling your appointment.
- Please arrive at the office 10 minutes prior to your appointment time.

Convenient Parking Options:

- Valet parking in front of building
- Meter Parking on and around Clark Street

Nearby Public Transportation:

- CTA trains — Red/Brown Lines (15 minute walk)
- Buses — 8, 11, 22, 26, 74 & 76