

SEVEN HILLS

ENDODONTICS & MICROSURGERY CENTER

Adam Gatan, D.M.D.
www.lvrootcanal.com

Introducing: _____

Appointment Date/Time: _____

Referring Doctor: _____ Phone: _____

Office Address: _____

Seven Hills
Endodontics & Microsurgery Center
2810 W. Horizon Ridge Parkway
Suite 200
Henderson, NV 89052
Office: (702) 384-0053
Fax: (702) 269-6063

Consultation/Treatment:

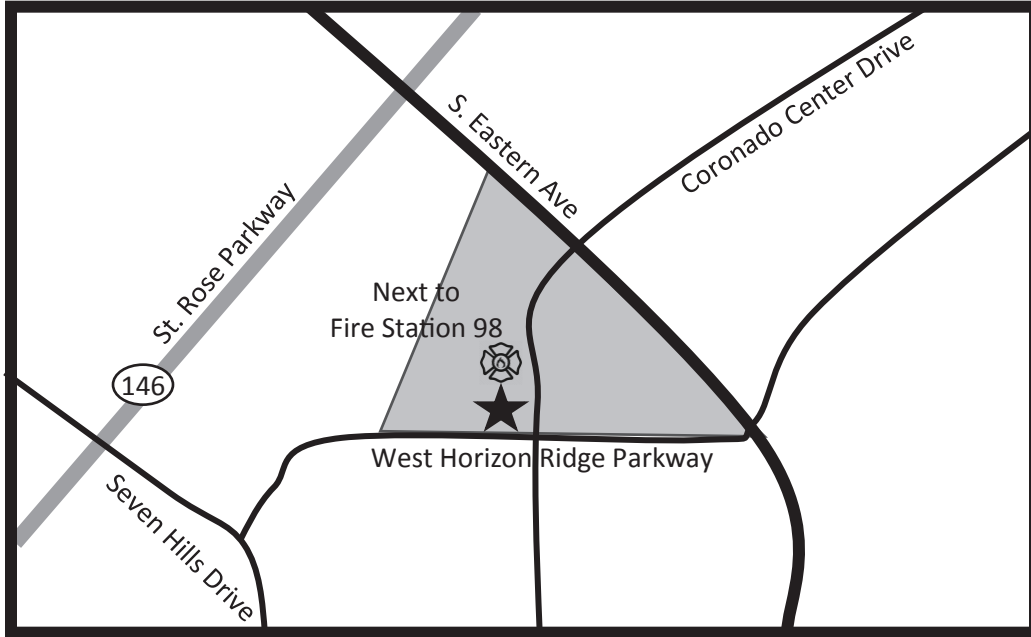
Tooth/Area: _____ Planned Restoration: _____

Please: _____ Post space _____ Tooth Build-up

_____ Call before treatment

Comment: _____

**** Emergency appointment
available same day***



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