rock creek endodontics

Kortnie K. Strother DDS, MS, MSD
Board Certified Endodontist

contact us

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Referring Dr: _____ Date: _____

Patient's Name: _____

Patient's Phone: _____

Patient's E-mail: _____

Appt Date: _____ Appt Time: _____

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

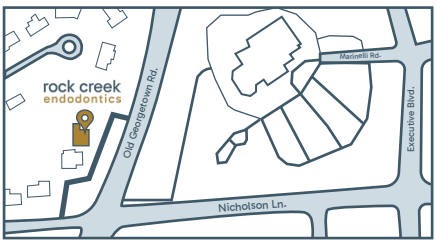
Referral Request:

- ☐ Endodontic Consult
- ☐ Endodontic Consult and Treat as Necessary
- ☐ Elective Endodontics
- ☐ Consider Endodontic Surgery
- ☐ Please Call after Consult / Prior to treatment

Requested Coronal Restoration:

- ☐ No Orifice Barrier
- ☐ Temporary Cavit
- ☐ Post Space Required
- ☐ Permanent Fill / Buildup

Comments:



Use the stairs or the handicap ramp for access. Handicap ramp is located at the southwestern corner of the office complex.

All minors must be accompanied by a parent or guardian

Suite E is located on the lower level

Free Parking