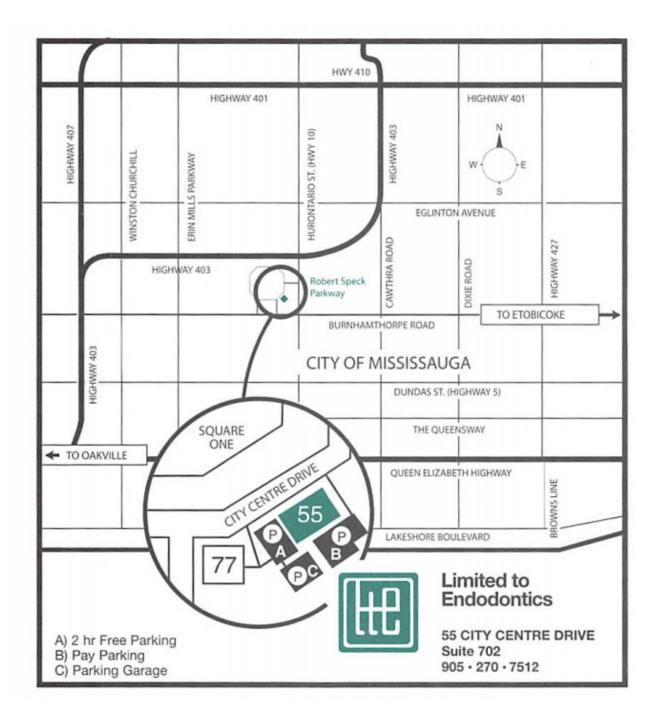


Dr. Ian D. Watson, D.D.S., M.Sc.D., FRCD(C) CAGS FICD FADI FACD FPFA FADFE

Dr. Gevik Malkhassian, D.D.S., M.Sc.(Endo), FRCD(C)

Dr. Simone Seltzer, D.D.S., FRCD(C)

This will introduce:		Referred by: Dr. Tel:							
Tel:									
The following appo	ointment has been	reserv	ed fo	or yo	our	patier	nt:		
Date:									
Time:		□ am		pm					
For evaluation of T	ooth/Teeth #								
1	8 7 6 5 4 3 2 1		1 2	3 4	5 6	6 7 8	2		
	Right —					Left			
4	8 7 6 5 4 3 2 1		1 2	3 4	5 6	6 7 8	3		
Patient's Chief Cor	nplaint / Reason fo	r Refe	rral:						
Please discuss sec	dation with patient:			N20)2	□ OF	RAL	□IV	□ GA
Patient has been a	dvised that the foll	owing	may	be ı	req	uired:			
 □ Emergency Therapy □ Conventional □ Surgery □ Other 									



Scope of Practice

Endodontics, also known as root canal therapy, is the dental specialty which involved the diagnosis, prevention and treatment of oral pain and disease that originate from within the tooth. Root canal therapy includes: removal of the pulp tissue (nerve) and sealing the canal space; surgical removal of diseased tissue, and repair of root structures; retreatment of teeth previously endodontically treated.

Dr.Watson, Dr.Malkhassian and Dr. Seltzer are dental specialists (Endodontists) who have accredited educational training and expertise in these procedures, and have limited their practice to providing endodontic therapy.

Our practice is dedicated to the delivery of specialized dental care in the most courteous, professional and comfortable manner possible. For patients with a certain degree of anxiety about their treatment, all levels of sedation are available.

NEW
Before your appointment, fill out your medical questionnaire online
www.ltdtoendo.com

We appreciate your seeking treatment at our office.