



STATE ENDODONTICS

Marc J. Hertzberg DMD MS

Specializing in Root Canal Therapy

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Introducing _____

Home Phone: _____ Work Phone: _____

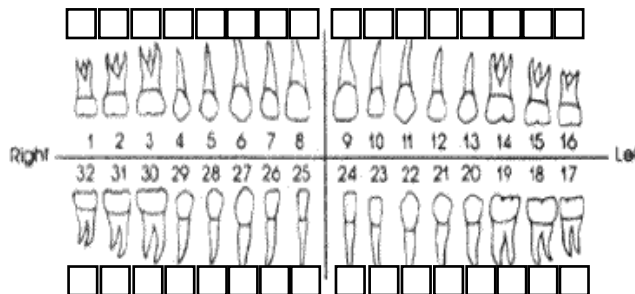
Referred by Dr: _____ Date: _____

Patient will call.

Please call patient for appointment.

Patient is already appointed on _____ at _____
(date) (time)

Please Check
Affected
Tooth or Area



TREATMENT REQUESTED:

- Examine and treat as necessary.
- Evaluation only
- Surgery / Apicoectomy
- Post Removal
- Please call for special instructions

- Post Placement
- Restoration
 - Amalgam
 - Composite
- Internal Bleaching

Restorative needs you would like reinforced:

Comments:
