☐ **LEXINGTON**
1636 Nicholasville Rd. #2 • Lexington, KY 40503
(859) 277-1124
email: bgendo@mw.twcbc.com

☐ **GEORGETOWN**
107 Frazier Court #1A • Georgetown, KY 40324
(502) 316-6434
email: bgendo@mw.twcbc.com

**Specify location when scheduling*

BLUEGRASS ENDODONTICS

Practice Limited to Endodontics

☐ **S. DOUGLAS COX, D.M.D., M.S.**
☐ **MERUNISSA LAMBAT, D.M.D., M.S.**
☐ **NEIL MILLER, D.D.S., M.S.**

Bring to appointment: referral slip, insurance cards and any copay due.

_____ @ _____ THIS WILL INTRODUCE _____
DAY MONTH TIME

	Molars			Premolars		Anteriors						Premolars		Molars			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R																	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

☐ PLEASE EVALUATE
☐ PLEASE PREPARE POST PREP
☐ PLEASE TREAT
☐ TREATMENT HAS BEEN STARTED

COMMENTS _____

_____

REFERRED BY DR. _____ PHONE _____

Patient will be instructed to return to referring dentist for final restoration.