



Surgical/Non Surgical Root Canal Therapy, Dental Sports Injuries

Michael J. Hawley, D.D.S., M.S.



SPECIALIST MEMBER

Date: _____

Introducing: _____

Appointment Date: _____ Time: _____

Please evaluate and treat

Provide consult

Tooth # _____

Endodontic Consideration

A permanent coronal seal will be placed unless a specific preference is indicated below:

- Final restoration in access opening
- Post space requested
- Temporary filling requested

Treatment Plan/Comments: _____

Referred by Dr. _____

Address: _____

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