



Surgical/Non Surgical Root Canal Therapy, Dental Sports Injuries

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

Allan Sandor, D.D.S.



SPECIALIST MEMBER

Date: _____

Introducing: _____

Appointment Date: _____ Time: _____

Please evaluate and treat

Provide consult

Please call patient

Phone # _____

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: _____

WATERTOWN
600 4th St. NE, Suite 101
Watertown, SD 57201
Fax: (605) 878-0181

ABERDEEN
701 North 4th St., Suite 100
Aberdeen, SD 57401
Fax: (605) 226-2790

BROOKINGS
410 Mayfield Dr., Suite 2
Brookings, SD 57006
Fax: (605) 696-1199

Office: (605) 878-0180

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