



Northwest Endodontic Specialists

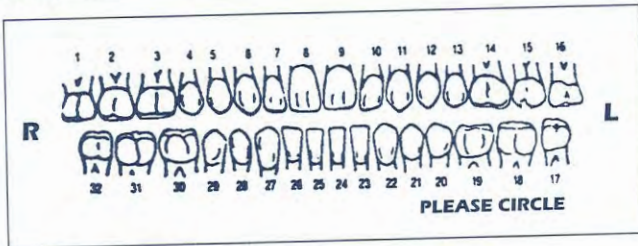
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REFERRAL INTRODUCTION

222 Lilly Road NE • Olympia, WA 98506 • 360-459-3636 • FAX: 360-459-0343
1-800-895-3636 Email: nwendodontics@hotmail.com
Visit our website at nwendo.com

Name: _____ Date: _____
Daytime Telephone: _____
Referred by: _____ Phone: _____
Appointment Date: _____ Time: _____



Treatment Requested:

- Eval Root canal filling Re Treatment Apicoectomy
- Nitrous Oxide Conscious Sedation CBCT Scan

Symptoms/Indications:

- Hot/Cold Swelling Pressure Root Fracture
- Previously Opened Calcified Canals Pulp Exposure
- Endodontic treatment necessary for proper restoration

Please Specify Restoration:

- Temporize and return for restoration
- Final Restoration
- Post Space Only

Comments: _____

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GOING SOUTHBOUND ON I-5:

Take **Exit 109** from I-5 (Martin Way E)
Turn **Right** onto **Martin Way E** for **1.3 miles**
Turn **Right** onto **Lilly Rd NE** for **0.2 miles**
Office is on Right - 222 Lilly Road NE

GOING NORTHBOUND ON I-5:

Take **Exit 107** from I-5 (Pacific Ave SE, toward Lacey)
Turn **slight Right** onto **Pacific Ave SE** for **0.2 miles**
Turn **Left** onto **Lilly Road NE** for **0.6 miles**
Office is on Right - 222 Lilly Road NE

