



Appointment

DATE _____

TIME _____

1931 Farmerville Hwy
Ruston, LA 71270
318.255.ENDO (3636)
Fax: 318.255.3033
www.farrarendo.com

Introducing _____

DATE _____

Referred by Dr. _____

Telephone # _____

Reason for referral Endodontic therapy

Evaluation/ Consultation only

Tooth #(s) _____

Special Instructions _____
