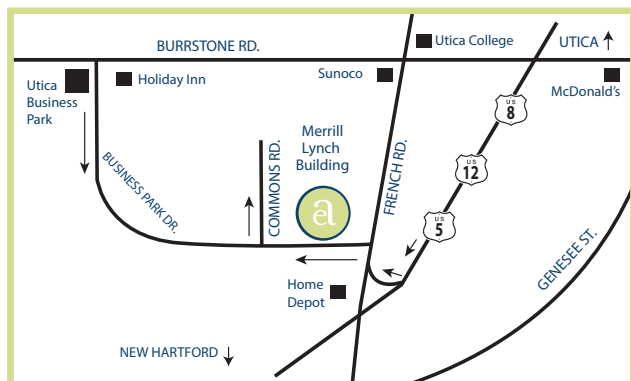




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(315) 724-1414
Fax: (315) 724-3613**

Located in the Merrill Lynch Building



**Chad Burgess, DDS
Kevin Fahey, DMD
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Please ***call*** our office prior to your appointment. This will allow us to:

- Gather necessary insurance information
- Review payment options with you
- Answer any questions you may have regarding your treatment

Please bring this referral and any x-rays your dentist may have given you to your appointment.

Please bring a complete list of any medications and important medical information.

Appointment: _____

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

- | | |
|---|---|
| ☐ Consult Only | ☐ Apicoectomy |
| ☐ Root Canal Therapy | ☐ Leave Post Space |
| ☐ Treat for Prosthetic Reasons | ☐ Post Removal |
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**Please e-mail referral and/or current x-rays to
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Notes _____



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