Richard A Fein DMD
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Juhlee Seung DDS, MS
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Christopher Jin DMD
Kweli Carson DDS, MS
Badri Jureidini DDS, MS
Dov A Elman DDS, MMSc

ADVANCED ROOT CANAL SPECIALISTS

IT IS MY PLEASURE TO INTRODUCE: _____
(Name of Patient)

REQUIRING TREATMENT OF: _____

_____

ADDITIONAL COMMENTS: _____

_____

_____

UPON COMPLETION, PLEASE:

☐ Prepare Post Space ☐ Call Our Office ☐ Email Report

☐ Fax Treatment Report ☐ Mail Treatment Report

Kindest Regards,

DR: _____ **PH:** _____ **FAX:** _____

PATIENT'S APPOINTMENT:

DAY: _____ **DATE:** _____ **TIME:** _____

☐ **Laurel**
9889 Brewers Court
Laurel, MD 20723
Ph: 240-360-2412

☐ **Columbia**
8808 Centre Park Drive
Suit 210
Columbia, MD 21045
Ph: 410-772-9600

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