



endodontic associates
OF MARLBORO & WORCESTER

Marta Orrego Rafla, D.M.D.
Tadros M. Tadros, D.D.S.
Practice limited to Endodontics

Introducing _____ Date _____

For consideration of the following:

- Consultation Root Canal Therapy Post Space

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

Remarks _____

Next Restorative Tx:

Signed Dr. _____

Appointment on _____ at: _____ o'clock

Please bring this slip with you to your first appointment

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201 BOSTON POST ROAD WEST
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