



Dr. John Gilbreth DDS, MS

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INTRODUCING: _____

TODAY'S DATE: _____

APPOINTMENT: DATE TIME

REFERRED BY: _____

TOOTH NUMBER: _____

PATIENT IS BEING REFERRED FOR:

- | | |
|---|---|
| <input type="checkbox"/> Root canal therapy | <input type="checkbox"/> Retreatment |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Endodontic surgery |
| <input type="checkbox"/> CBCT scan only | |

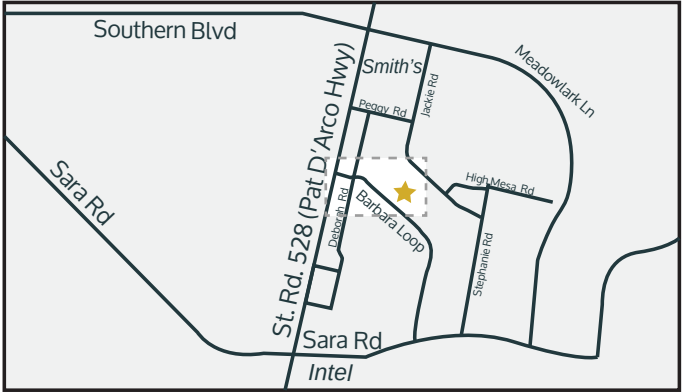
WHEN TREATMENT IS COMPLETE:

- | | |
|--|---|
| <input type="checkbox"/> Restore access opening as needed. | <input type="checkbox"/> Place temporary restoration. |
|--|---|

COMMENTS:

*We accept most private insurances.
Please see map on back.*

4111 Barbara Loop SE Suite B
Rio Rancho, NM 87124



Turn from 528 at the light in between Dutch Bros and Burger King



ADDITIONAL COMMENTS:

*If you cannot keep this appointment,
kindly give 24 hours notice.*