



the  
**ENDODONTIC GROUP**

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**April L. Alford, DDS**

Dear \_\_\_\_\_ Date \_\_\_\_\_

Thank you for referring \_\_\_\_\_ to our office for endodontic consultation.

Following examination, it was our recommendation that:

- Endodontic therapy be performed on tooth # \_\_\_\_\_.
- Retreatment of endodontic therapy be performed on tooth # \_\_\_\_\_.
- Apical surgery be performed on tooth # \_\_\_\_\_.
- your patient return to our office for re-evaluation due to inconclusive pulpal or periradicular test results at this time. We will inform you of any changes.
- Your patient return to your office. (see notes below)

Upon completion, a report will be sent to your office. The thoughtfulness and confidence implied by your referral is appreciated.

Additional Comments:

Sincerely,

**[www.theendogroup.com](http://www.theendogroup.com)**

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**Drs. Nagel, Cutrell, Wendell and Associates**

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