# ALEXANDER KUTUZA D.M.D.

## Specialist in Endodontics


**1320 4th Street Drive NW**
**Hickory, NC 28601**

**Phone 828-322-8710**


**IF UNABLE TO KEEP APPOINTMENT KINDLY GIVE 24 HRS. NOTICE**


**rootcanal@KOSendodontics.com**

**FAX 828-323-8381**


Patient's Name _____

Referring Dr. _____

Appointment Date _____ Time _____

Tooth Number _____ Diagnosis (if Known) _____

Additional Comments _____

_____

_____

- ☐ Consultation-Evaluation
- ☐ Initial Endo Treatment Required
- ☐ Retreatment
- ☐ Please Restore Access With Resin
- ☐ Post Space Required
- ☐ Remove Post
- ☐ Evaluate for Surgery
- ☐ Crown is Treatment Planned


specialist member

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