



woodside
endodontics

Dr. Gregory K. An, DDS, MPH

Dr. Duane B. Gustafson, DMD

Patient's Name _____ Date of Birth ____/____/____

Home Telephone _____ Other Telephone _____

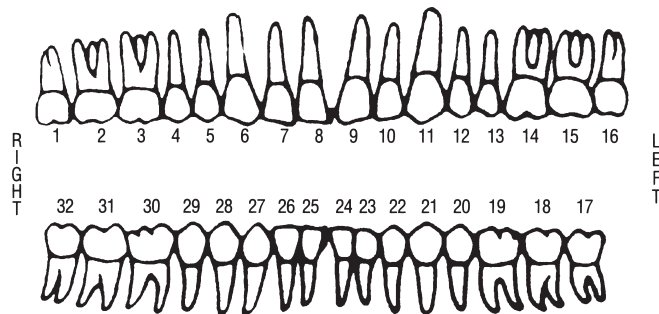
Appointment Date: _____
Day Date Time

Tooth (Teeth) Involved: _____

Remarks: _____

Referring Doctor: _____

Telephone #: _____ Date: _____



Special Instructions

Treat As Indicated Permanently Cement Dowel

Dowel Space Only Amalgam/Composite Build-Up



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