

DR. MANOR HAAS
DR. RILEY LEWIS
DR. DANI MEYERSON
PATIENT NAME: _____

Website: WWW.DRHAAS.CA
Endodontics • Microsurgery • Cone Beam Diagnostic Imaging

TOOTH # _____

DATE _____

Patient Phone Number: _____

DIAGNOSTIC CONSULTATION _____

NOTES

ENDODONTIC TREATMENT _____

SURGICAL TREATMENT _____

3D / CONE BEAM DIAGNOSTIC IMAGING _____

ENDO HISTORY:

PULP EXPOSURE _____

ENDODONTIC TREATMENT STARTED _____

RADIOGRAPHS ENCLOSED (PLEASE RETURN) _____

PLEASE CALL TO DISCUSS CASE _____

REFERRED BY DR.: _____

POST SPACE REQUIRED _____

FOR INFORMATION ON OUR OFFICE
AND DIRECTIONS VISIT OUR WEB SITE:
WWW.DRHAAS.CA



LOCATED AT THE
SOUTH - WEST CORNER OF YONGE & LAWRENCE

DR. MANOR HAAS
DR. RILEY LEWIS
DR. DANI MEYERSON
CERTIFIED ENDODONTISTS

ENDODONTICS • MICROSURGERY • CONE BEAM DIGNOSTIC IMAGING
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PARKING AVAILABLE ON:
YONGE STREET (METERED)
LAWRENCE AVENUE (FREE)
SIDE STREETS (FREE)
EASY TTC/SUBWAY ACCESS