



HAMILTON MILL ENDODONTICS

THE MOST TRUSTED NAME IN ROOT CANALS

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Referral Date: _____

Introducing: _____

Referring Doctor: _____

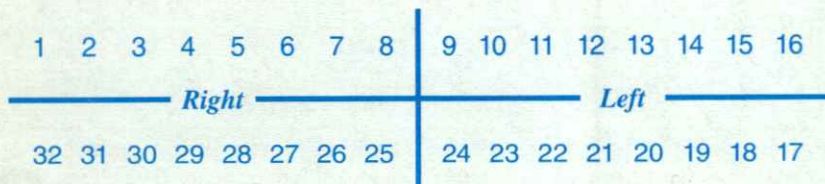
Drs. Telephone: _____

Appointment Date/Time: _____

Patient Portion: \$ _____

Please Evaluate For The Following:

- RCT Retreatment
- Sedation
- Treat as Necessary



Comments: _____

IN NETWORK
for
Cigna PPO / Delta PPO
DenteMax
Network Groups
Including BC/BS
Lincoln, Sunlife, DHA
United Concordia
United Healthcare
Discount Insurance

Please bring this Referral Form and
any X-Rays given to you
by your General Dentist.

Be sure to bring your Insurance Card
or Insurance Information!

We accept: Care Credit • Visa • MasterCard • American Express • Discover • Debit Cards • Cash
(We do not accept checks.)