

Anthony R. Harlacher, D.M.D., P.C.

Practice limited to Endodontics

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Your referrals are appreciated

Date_____
Referred By Dr. _____
Patient's Name_____
Tooth #_____
Please perform _____ Diagnosis / Evaluation _____ Treat Endodontically _____ Retreatment - Previous Root Canal Treatment _____ Post - Space Preparation _____ Apicoectomy / Related Surgery
Comments: _____ _____ _____ _____
Appointment: Date_____ Time _____

Directions

From East: I-180 West to Exit 20 (Fairfield Road). Turn left onto Fairfield road, travel .6 miles and turn left onto Choate circle. Turn right on circle.

From West: 1-180 East to Exit 20(Fairfield Road). Turn right onto Fairfield Road, travel .5 miles and turn left onto Choate circle. Turn right on circle.