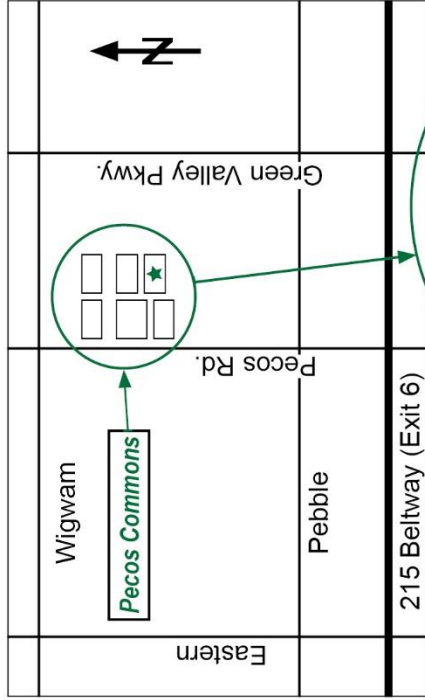


SUNSET ENDODONTICS



Office is in
the southeast
corner of complex

Please enter "**Henderson**",
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Kristen L. Beling, D.D.S.
William J. Dougherty, Jr., D.M.D.

Pecos Commons

54 N. Pecos, Suite B • Henderson, NV 89074
Tel: (702) 436-4300 • Fax: (702) 436-0334
sendo@lvcoxmail.com
www.sunsetendo.com

Introducing _____

Appointment _____

Referring doctor _____

Tooth or area _____

- Consultation only
- Root Canal Therapy
- Tooth has had previous root canal therapy
- Cone Beam CT
- Leave Post Space

Other: _____

(See map on reverse side.)