



Introducing: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Comments/Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

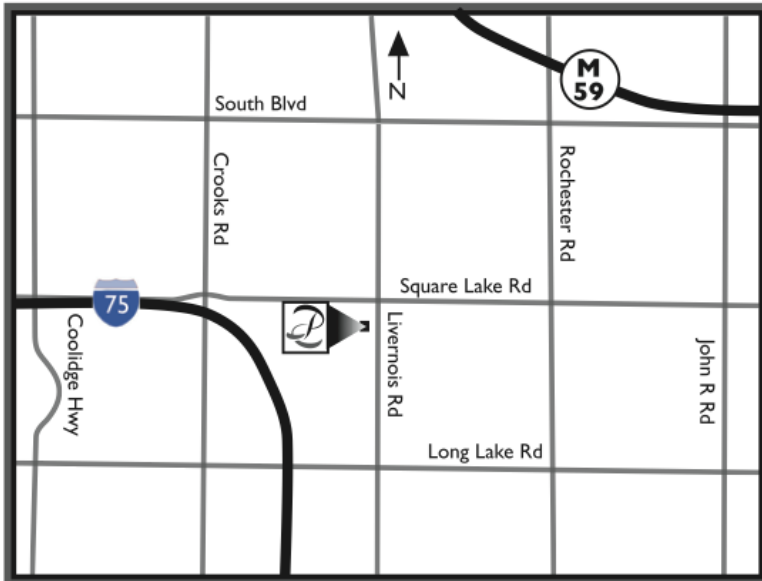
	R molars			bicusps		anterior			anterior			bicusps		L molars		
UPPER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
	LOWER															

Circle teeth for endodontic consideration

- Patient is having pain, swelling, hot/cold sensitivity, and/or chewing discomfort
- Radiograph revealed: (please circle all that apply)
  - extensive decay                      radiolucency
  - fracture                                      resorption
- Pulp was exposed
- Endodontic treatment has been initiated
- Endodontic treatment needed for restorative purposes
- Evaluation/treatment for endodontic retreatment
- Evaluation/treatment for endodontic surgery
- Crown/Bridge is temporarily cemented
- Please prepare post space
- Limited view CBCT

\* Please see reverse for map & important patient information

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### Patient Information

- Please bring this referral slip to your appointment.
- You will return to your dentist for a final restoration after completion of endodontic treatment.
- Please notify us if you need *PRE-MEDICATION* for heart murmur, hip or joint replacement, or other conditions.
- If applicable, please bring dental insurance information.
- Before arriving, save 15-30 minutes by registering online at: **www.personalendo.com**

