

REFERRAL FOR ENDODONTIC THERAPY

PATIENT'S LAST NAME

PATIENT'S FIRST NAME

REFERRED BY (NAME OF DOCTOR)

DATE

TOOTH

PHONE # OF REFERRING DOCTOR

CHECK ALL THAT APPLY

CONSULT ONLY

ROOT CANAL THERAPY

TRAUMA

TOOTH ALREADY OPENED

RETREATMENT

APICOECTOMY

PULP EXPOSED

CREATE POST SPACE

PLEASE RETURN WITH TEMPORARY:

NOTHING UNDER IT

COTTON

TEFLON TAPE

IS THERE A NEW CROWN PLANNED FOR TOOTH?

YES

NO

SPECIAL INSTRUCTIONS

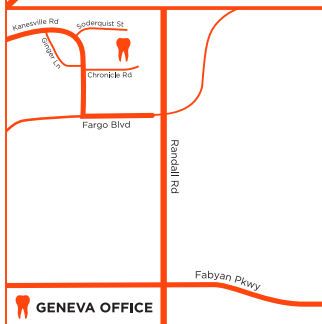
EDS ELITE DENTAL SPECIALISTS

LOCATIONS



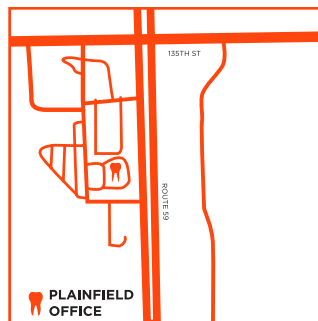
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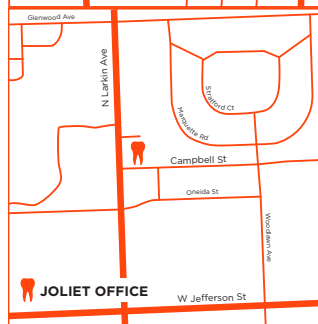
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