

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

Email: \_\_\_\_\_

Patient's Phone (H): \_\_\_\_\_ (C) \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Date of Referral : \_\_\_\_\_

Tooth/Region: \_\_\_\_\_

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

Referred for:

- Consultation only
- Evaluation and Endodontic treatment if indicated
- Retreatment of prior RCT completed on \_\_\_\_\_
- Periapical or Corrective Surgery

Previous Dental History

- Recent restoration / deep caries
- Patient has pain / or swelling
- Patient has vague toothache
- Pulpotomy performed on \_\_\_\_\_
- Radiograph revealed radiolucency
- Patient has severe anxiety

Restoration

- Please leave post space
- Please place post and build up
- Please place core restoration

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_