

**Dr. Domenic Delle Donne • Dr. Mary Tam • Dr. Nhan James H. Ngo**  
**ENDODONTISTS**

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Date of referral \_\_\_\_\_

This is to introduce \_\_\_\_\_  
 Patient's Name

for endodontic examination of \_\_\_\_\_  
 tooth/area

<b>R</b>	18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28	<b>L</b>
	48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38	

**Please evaluate for:**

- Non surgical root canal therapy
- Retreatment of previous root canal therapy
- Surgical treatment

Recent Radiograph provided  Yes  No

Post Space  Yes  No

**The patient has been prescribed**

- Antibiotics \_\_\_\_\_
- Analgesics/Anti-inflammatory \_\_\_\_\_

**The patient may be interested in Sedation**

Oral  I.V.  General

**General Information**

Crown/Crown and Bridge is cemented  Temporarily  Permanently

Recent Restoration Placed  Recent Dental Cleaning

New Patient  Patient has not had regular dental care

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

Signed: Dr. \_\_\_\_\_