

Dr. Domenic Delle Donne, Dr. Mary Tam
ENDODONTISTS

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Date of referral _____

This is to introduce _____

Patient's Name

for endodontic examination of _____

tooth/area

R	18 17 16 15 14 13 12 11		21 22 23 24 25 26 27 28	L
	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. _____