

# Endodontic Referral Form

Date: \_\_\_\_\_ Referring Dentist/Location: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's Phone: \_\_\_\_\_

|   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|   |    |    | A  | B  | C  | D  | E  | F  | G  | H  | I  | J  |    |    |    |    |
|   | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| R |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | L  |
|   | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |
|   |    |    |    | T  | S  | R  | Q  | P  | O  | N  | M  | L  | K  |    |    |    |

**REASON FOR REFERRAL:**

- Consultation Only     Root Canal Treatment     Root Canal Retreatment     Resorption
- Endodontic Surgery     Internal Bleaching     Implant Screw Removal     Trauma
- Post Removal     CBCT     Other \_\_\_\_\_

**PLEASE CHECK ALL ADDITIONAL INFORMATION THAT APPLIES:**

- Emergency     Swelling Int / Ext     RCT for Restorative Purposes
- History of Trauma     Pulp Exposure
- Antibiotics Given \_\_\_\_\_

**RESTORATIVE REQUEST:**

- Leave Post Space     Place Core Build Up     Place Post and Core     Temporary

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Restorative Plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Please bring this referral, a current medication list, and dental insurance information to your appointment. Contact our office for instructions on how to complete your registration and medical history prior to your appointment.