

# Endodontic Referral Form

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Patient \_\_\_\_\_ Patient's Phone \_\_\_\_\_

- Patient will call us       Please call the patient

## Tooth (circle)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

## Reason for Referral

- Consult only, no treatment
- CBCT imaging only, no treatment
- Consult and treat as indicated:
  - Caries
  - Previously treated RCT
  - Periapical radiolucency
  - RCT for proper restoration
  - Crack
  - Trauma
  - Other: \_\_\_\_\_

## Status

- Crown/Bridge cemented
- Temporary crown on tooth
- Anxious child/adult
- Patient on antibiotics
- Pre-medication required

## Restorative Instructions

- Place core build-up
- Place post + core build-up
- Leave post space
- Temporize, I will restore
- Use your judgment

## Comments

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

Referred by \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

- Call or text me about this case       Send additional referral forms