

Springborough ENDODONTICS

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Patient: _____

Referring Doctor: _____

Tooth to be evaluated: 18 17 16 15 14 13 12 11 • 21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 • 31 32 33 34 35 36 37 38

REASON FOR REFERRAL:

- Consultation only
- Periapical radiolucency present
- Pulp exposure
- RCT required for proper restoration
- Evaluation for endodontic surgery/ReTx
- Tooth history includes crack/fracture
- Initial testing indicates RCT necessary

RADIOGRAPHS:

- Are being emailed/mailed
- Given to patient

RESTORATIVE TREATMENT PLAN:

RESTORATIVE INSTRUCTIONS:

- Place Cavit/IRM/NE Temp in access cavity
- Leave post space
- Place final restoration in access cavity
- Do not place orifice barrier

MISCELLANEOUS:

- Call me about this case
- Crown/bridge is cemented
 - temporarily permanently
- Crown/bridge is
 - cerec all porcelain _____
- Nitrous Oxide/Oral Sedation may be needed

- Please send additional referral forms

SPECIAL INSTRUCTIONS/COMMENTS:

Signed: _____ Date: _____



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