



Referred by: _____ Referred Date: _____

Patient Name: _____ Appt. Date / Time _____

Tooth #:

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

Referral Request

- Consultation only
- Conventional RCT
- Endodontic Emergency
- Endodontic Surgery
- Endodontic Retreatment
- Other Services:

Requested Coronal

- Restore as necessary
- Bonded Resin Core
- Bonded Amalgam Core
- Place Post and Core
- Prepare Post Space only
- Temporary
- Other:

Existing Restorations

- Permanent Crown
- Will be replaced
- Attempt to preserve
- Permanent crown w/temp cement
- Temp Filling
- Other:

CBCT

- CBCT Analysis
- Carious Pulp Exposure
- Treatment initiated
- Pain of unknown origin
- Guarded prognosis
- Other complications:

PATIENT WILL BE INSTRUCTED TO REFERRING DENTIST FOR FINAL RESTORATION