

ENDODONTIC REFERRAL FORM

Referral from Dr: _____ Dr Contact: _____ Date: _____

Patient Name: _____ Patient Phone: _____

Appointment Date: _____ Appointment Time: _____

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

Treatment Desired:

- | | | |
|---|--|--|
| <input type="checkbox"/> Consultation Only | <input type="checkbox"/> Apicectomy Surgery | <input type="checkbox"/> Resorption Repair |
| <input type="checkbox"/> Root Canal Therapy | <input type="checkbox"/> Restorative Endodontics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Root Canal Retreatment | <input type="checkbox"/> Internal Bleaching | |

Restorative treatment plan: *(if present, is the crown restoration going to be replaced?)*

- Yes No If Necessary Has Provisional

Restorative and/or periodontal treatment plan includes or may include:

Pain/Symptoms:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Pressure | <input type="checkbox"/> Sweating/Palpation |
| <input type="checkbox"/> Constant | <input type="checkbox"/> Throbbing | <input type="checkbox"/> Cold Sensitive |
| <input type="checkbox"/> Spontaneous | <input type="checkbox"/> Chewing/percussion | <input type="checkbox"/> Heat Sensitive |

Clinical Findings:

- Possible Crack Pulpal Exposure Radiolucency Other _____

Prior Treatment:

- | | | |
|--|--|---|
| <input type="checkbox"/> No Treatment | <input type="checkbox"/> Pulpotomy/Pulpectomy | <input type="checkbox"/> Has RCT already started? |
| <input type="checkbox"/> Pulp exposure and cap | <input type="checkbox"/> Previous endodontic treatment/Surgery | _____ |

Restore Access with:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Composite/Core build-up | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Leave post space | <input type="checkbox"/> Post/Core build-up | |

Patient Requests:

- Oral Sedation

LOCATION

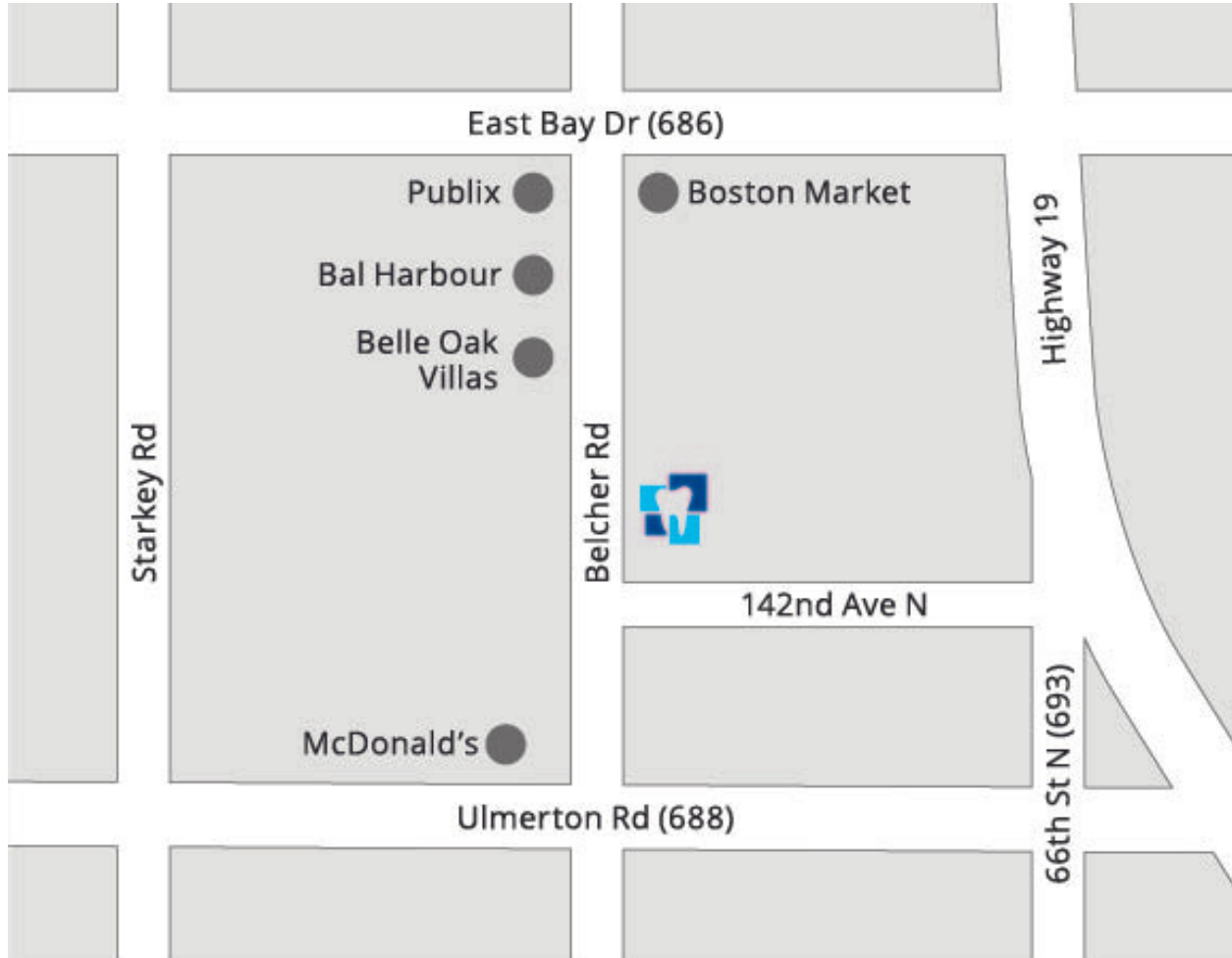
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