

**CERTIFIED SPECIALISTS IN ENDODONTICS**

Introducing \_\_\_\_\_ DOB \_\_\_\_\_  
mm/dd/yyyy

**Remarks:**

Patient phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

Insurance:    N    Y (please provide details at the back of the form)

Please call patient    Patient will call  
Appointment already scheduled on  
\_\_\_\_\_

**Tooth Status**

Pain   Swelling   Fistula   Trauma  
RCT started, please complete  
Previously treated   our/   other office  
\_\_\_\_\_ months/    years ago  
Recent    filling/    crown  
\_\_\_\_\_ months/    years ago  
Crown to be placed/replaced

**Tooth/Area of concern**

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Tooth # \_\_\_\_\_

**Referral Request**

Consult only  
Consult & treat at necessary  
Call to discuss first  
Prophylactic RCT  
CBCT only, no endo exam  
Upper/    Lower jaw  
Tooth # \_\_\_\_\_  
Panoramic

**After RCT**

Please restore the access  
Temporary  
Permanent  
Leave post space

**Report**

Email  
Paper

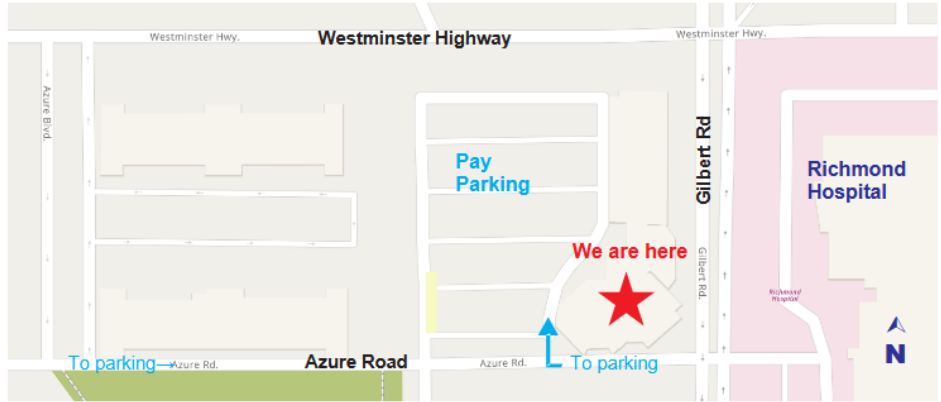
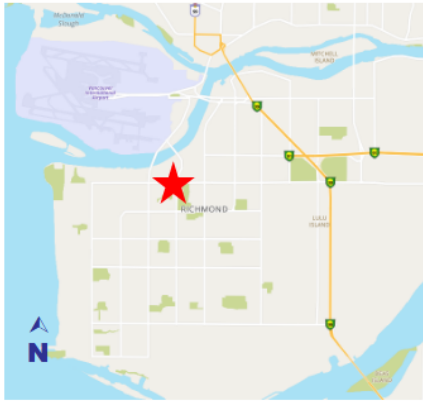
Referred by Dr. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Y) \_\_\_\_\_ (M) \_\_\_\_\_ (D)

Office Phone #: \_\_\_\_\_

Please send more referral pads.



Our office is located on the 8th floor of Richmond Health Sciences Centre, right across the street from Richmond Hospital.

Pay parking spaces are accessible **via Azure Road**. Bus 401 and 407 have stops very close to our building.

Please bring the following to your first appointment **if available**:

- List of medications and allergies;
- Dental insurance information;
- Referral note/ radiograph/CBCT scan

Dental Insurance Information:

Primary \_\_\_\_\_  
 Provider                      Policy #                      ID#

Secondary \_\_\_\_\_  
 Provider                      Policy #                      ID#