UniversityPointe Endodontics

Date _____ **Patient Name** _____

Referring Doctor _____ **Patient Tooth #** _____

Doctors Phone # _____ **Patient Phone #** _____

Patient is being referred for

- ☐ Consultation Only - Diagnosis First – It is possible that root canal therapy may be necessary, but the symptoms are not definitive.
- ☐ Suspected Root Fracture – Symptoms that coincide with a possible root fracture. Please evaluate and determine the best treatment.
- ☐ Endodontic Therapy - The patient is having signs/symptoms that coincide with the definite need for root canal therapy.
- ☐ Endodontic Retreatment or Surgery – The patient has had prior root canal therapy that needs to be readdressed.
- ☐ Cone Beam CT Scan – A cone beam CT scan may be necessary for a definitive diagnosis

Restorative Treatment Requested

- ___ Restore access with temporary
- ___ Restore access with composite
- ___ Leave post space
- ___ Other

Please describe patient symptoms _____

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