

J. ERIC MOORE D.D.S., P.A.
 Practice Limited to Endodontics
www.kcendodontics.com

Patient Name _____

Referring Doctor _____ Date: _____

Tooth or Teeth to be evaluated

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

SYMPTOMS:

Pressure Sensitive

Fistula

Hot/Cold Sensitive

Swelling

PATIENT IS BEING REFERRED FOR:

Consultation only

Root Canal Therapy

Retreatment

Apical Surgery Consultation

Trauma

RESTORATIVE INSTRUCTIONS:

Place Build-Up

Place Build-up and Post

Place Temp. Filling in Access

Leave Post Space

Place Perm. Filling in Access

IF EXISTING CROWN/BRIDGE, IS IT CEMENTED:

Temporarily

Permanently

RX Given: _____

Additional Comments/Instructions: _____

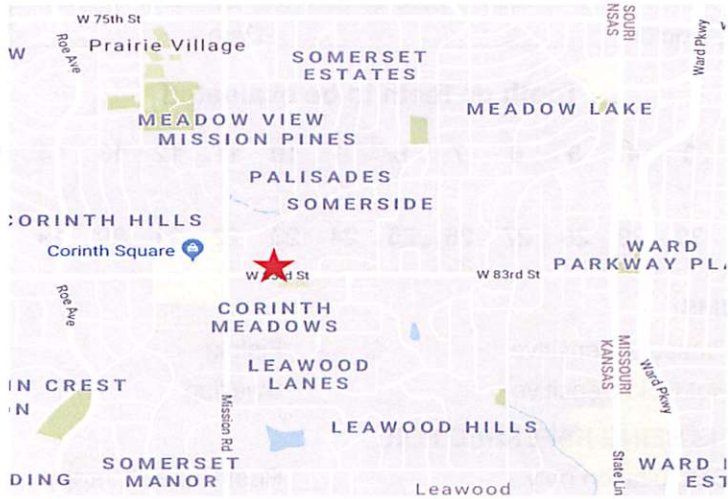
Referral Date: _____

See back for Contact Information and Directions

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