SOUTHTOWNS ENDODONTICS

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Introducing _____

Referred by Dr. _____

Patient is being referred for the following:

❒ Root Canal Therapy ❒ Diagnosis ❒ Retreatment ❒ Endodontic Surgery

X-ray:

❒ Sent with Patient ❒ Emailed/Mailed ❒ N/A

For Tooth #_____

❒ Symptomatic Patient
❒ Asymptomatic Patient
❒ Periapical Radiolucency
❒ Pulp Exposure
❒ RCT Started
❒ Elective Root Canal Needed
❒ Post Removal Only
❒ Prepare Post Space
❒ Antibiotic Prophylaxis Required
❒ Please Call Concerning Patient

UPPER RIGHT								UPPER LEFT							
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
LOWER RIGHT								LOWER LEFT							

Comments: _____

_____

_____

Appointment Day: _____ Date: _____ Time: _____

Signed Dr. _____

If you are unable to keep this appointment, kindly give 24 hours notice.


177 New Taylor Rd
177
Sunset Ter
Liberty Dr
Emerson Dr
Imperial Dr
Berkley Dr
Larned Ln
N Lincoln Ave
Princeton Pl
Linwood Ave
Sunset Ln
Harvard Pl
Orchard Park
S Taylor Rd
20A
N Davis St
Potter Ave
Park Pl
W Quaker St
School St
Clark St
Allen Ln
S Davis St
S Lincoln Ave
240 277
20A
219
136 Thorn Ave
136 Thorn Ave
Woodlawn Cemetery
Woodlawn Ave
W Highland Ave
Bank St
S Lincoln St
Highla
SOUTH
mapquest
1000 FT
200 M
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