



MICHAEL VATRAL, D.D.S., M.S.

PAUL CALABRESE, D.D.S., M.S.

BLAIR BRAUNSTEIN, D.D.S.

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.