

Introducing: _____ Date: _____
Referring Dentist: _____
Remarks: _____

Upper Right

Upper Left

A B C D E F G H I J
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
T S R Q P O N M L K

Lower Right

Lower Left

REASON FOR REFERRAL:

- NON-SURGICAL ROOT CANAL TREATMENT
- RETREATMENT
- EVALUATION FOR ENDODONTIC MICROSURGERY
- DEEP CARIES/PULP EXPOSURE
- CONSULTATION ONLY
- NITROUS OXIDE/SEDATION MAY BE NEEDED

RESTORATIVE INSTRUCTIONS:

- CORE BUILD-UP
- POST SPACE
- POST & CORE
- TEMPORARY RESTORATION

MISCELLANEOUS INSTRUCTIONS:

- PLEASE CONTACT ME ABOUT THIS CASE
- PLEASE SEND MORE REFERRAL FORMS

DIRECTIONS

From I-10 Westbound

- Exit Dysart Rd, turn right
- Turn left on Indian School Rd.
- At Osborn Rd., turn left.
- Turn right on Plaza Circle, drive to building 4 (grey building with a red roof), we are on the west side, suite 150

From I-10 Eastbound

- Exit Litchfield Rd, turn left
- Turn right on Indian School Rd.
- Turn right at 137th Ave.
- Turn left on Plaza Circle, drive to building 4 (grey building with a red roof), we are on the west side, suite 150

From Highway 101 Southbound

- Exit Indian School Rd., turn right, heading west for approximately 5 miles
- At Osborn Rd., turn left.
- Turn right on Plaza Circle, drive to building 4 (grey building with a red roof), we are on the

