



Valley Heights Endodontic Associates, P.A.

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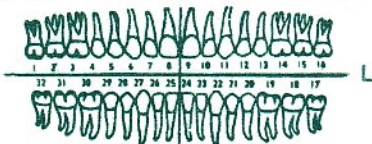
website: www.vhendo.com

\_\_\_\_\_, 20\_\_\_\_

This will introduce my patient \_\_\_\_\_ for:

- Diagnosis and treatment of:
Diagnosis only of:

an endodontic problem which is thought to be in the tooth (or area) circled below:



Please contact \_\_\_\_\_ at

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_

to schedule the necessary appointment.

- It is my intention to restore the involved tooth with:
Leave space for post.
Leave space for build up.
Radiograph revealed periapical radiolucency.
Involved tooth was opened for drainage and left open.
Involved tooth opened; Pellet of \_\_\_\_\_ placed and sealed, with a temporary restoration.
Patient has vague discomfort; please evaluate.
Other (Remarks) \_\_\_\_\_

It is understood that this patient will be returned to referring dentist for placement of the final restoration.

Referred by: \_\_\_\_\_ DDS Phone \_\_\_\_\_
(Signature)

APPOINTMENT: \_\_\_\_\_ at \_\_\_\_\_ o'clock
(day) (date) (time)

Please enclose current X-ray of area to treat.

White - Dentist's Copy Yellow - Endodontist's Copy Pink - Patient's Copy