

# REFERRAL CARD

Patient Name: \_\_\_\_\_

Referred by: \_\_\_\_\_

Appointment date: \_\_\_\_\_ Time \_\_\_\_\_

Tooth number(s): \_\_\_\_\_

## Status of the tooth

- |  |  |
|--|--|
| <input type="checkbox"/> Discomfort                | <input type="checkbox"/> Periapical pathosis |
| <input type="checkbox"/> Temporary/Permanent Crown | <input type="checkbox"/> Pulp exposure       |
| <input type="checkbox"/> Caries removed            | <input type="checkbox"/> Pulpotomy performed |

## Services Requested

- |   |   |
|---|---|
| <input type="checkbox"/> Evaluation           | <input type="checkbox"/> Root Canal Tx          |
| <input type="checkbox"/> Re-Tx or Surgical Tx | <input type="checkbox"/> Post space Preparation |
| <input type="checkbox"/> Permanent build-up   | <input type="checkbox"/> Temporary cement       |

Comments: \_\_\_\_\_

\_\_\_\_\_

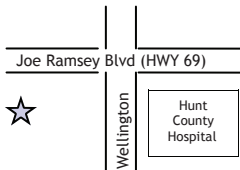
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## **GREENVILLE ENDODONTICS**

Dr. Kavita Doddamane  
4501 Joe Ramsey Blvd.  
Ste. 210  
Greenville, TX 75401

Phone: (903) 454-0123  
Fax: (888) 768-7949  
contact@greenville-endo.com  
www.greenville-endo.com



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