

Dr. Trusha Patel, Endodontist

INTRODUCING _____

PHONE NUMBER _____ DOB _____

REFERRING DENTIST _____

REFERRING PRACTICE _____ DATE _____

REASON FOR REFERRAL

Consultation/ Evaluation Tooth Number _____

Pain/ Discomfort Root Canal Therapy Apicoectomy

Trauma Retreatment Pulp Exposure

Previously Opened Periapical Pathosis Resorption

Specialist to place build-up? Yes No

Specialist to place post and core? Yes No

Specialists to leave post space? Yes No

Images available? BW PA CBCT

Other/ Comments _____

Please Send Radiographs to office@HillcrestEndodontics.com



Hillcrest Endodontics

505 E Palm Valley Blvd, Suite #110, Round Rock TX

HillcrestEndodontics.com | Phone: (737) 253-8900