



**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

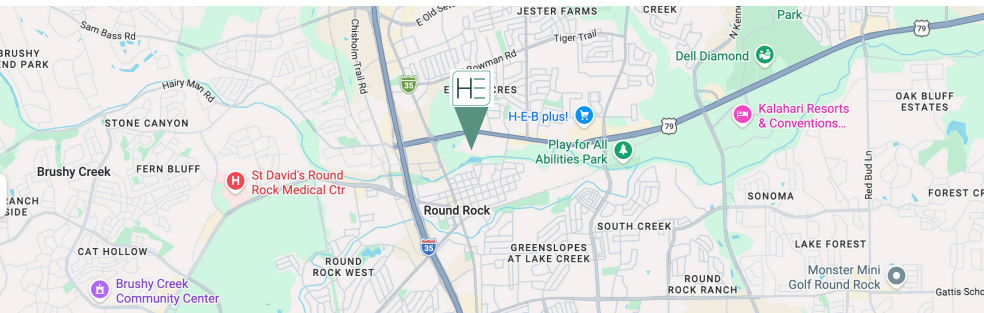
Specialists to leave post space?                       Yes     No

Images available?     BW     PA     CBCT

Other/ Comments \_\_\_\_\_

\_\_\_\_\_

**Please Send Radiographs to [office@HillcrestEndodontics.com](mailto:office@HillcrestEndodontics.com)**



**Hillcrest Endodontics**

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