—CENTER OF ENDODONTICS—
PERIODONTICS AND IMPLANTOLOGY

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Introducing:_____

Date:_____ Referred By:_____

❑ Periodontal Referral

❑ Periodontal Evaluation
❑ Soft Tissue Concerns
❑ Implants
❑ Crown Lengthening
❑ Other_____

Radiographs

❑ Take new FMX and send one copy to our office
❑ Radiographs enclosed for your records
Type:_____ Date:_____
❑ Return enclosed radiographs
❑ Mailing current radiographs Type:_____

❑ Endodontic Referral

Patient's Symptoms / Findings (Please check all that apply)

❑ Hot/Cold Sensitivity
❑ Biting/Pressure Sensitivity
❑ Carious Pulp Exposure
❑ Facial Swelling
❑ Intentional RCT for Proper Restoration
❑ Pulpotomy
❑ Retreatment
❑ Radiographic Evidence of Periapical Pathology
❑ Other_____

Comments_____