



TOUCHSTONE ENDODONTICS

REFERRAL DATE:

INTRODUCING

PATIENT PHONE #:

FOR TOOTH #

- Pulp Exposure
- Fracture/Crack
- Periapical radiolucency
- Swelling
- Pain/Sensitivity
- RCT begun
- Asymptomatic
- Pre-prosthetic endodontics required
- Please call me concerning patient

PATIENT IS BEING REFERRED
FOR THE FOLLOWING:

- Evaluation
- Root Canal Therapy
- Retreatment
- Endodontic Surgery

PLEASE CIRCLE THE TEETH THAT MAY NEED TREATMENT

			A	B	C	D	E		F	G	H	I	J						
Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			Left
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17			
				T	S	R	Q	P	O	N	M	L	K						

COMMENTS

It's our standard practice to restore the access with a **temporary restoration**. Nevertheless, we're always happy to carry out any restoration requests you might have:

If you are unable to keep your appointment, please call us to reschedule at least 24 hours in advance.

- Permanently restore access
- Prepare post space
- Bleaching requested
- Place post/core

REFERRED BY:



Touchstone Endodontics

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WHEN YOU NEED RELIEF NOW

