

ENDODONTIC SPECIALISTS, P.A.

Endodontic Therapy and Endodontic Microsurgery

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ENDODONTIC REFERRAL FORM

Patient Name _____ Referring Dentist _____

Tooth # or Area _____

Status of the Tooth

- Symptomatic
- Asymptomatic
- Emergency treatment has been performed
- Previous endodontic treatment is failing
- Fractured tooth/restoration

Recent Treatment

- Restoration/temporary
- Crown/temporary
- Pulp cap
- Pulpotomy
- Periodontal Treatment

Endodontic Procedures Requested

- Evaluate and treat as necessary
- Evaluate only/consult Doctor before proceeding
- Non-surgical retreatment
- Surgical evaluation and treatment
- Prepare POST SPACE

Management, Medical, or Treatment Concerns: _____

Restorative Treatment Planned:

- Full coronal coverage
- Other _____

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