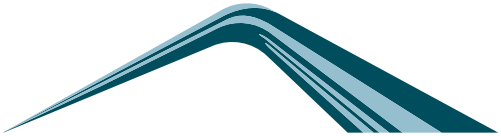


RALEIGH ENDODONTICS

Luke K. Dalzell, DDS, PLLC

5710 Six Forks Road, Ste 101 | Raleigh, NC 27609
T: (919) 866-1989 | F: (919) 866-0468 | info@raleighendodontics.com

REFERRAL FORM

Date _____

Patient Name _____

Patient Phone _____

Appointment Date _____ Time _____

Referring Doctor _____

TREATMENT DESIRED

REASON FOR REFERRAL: **TOOTH #** _____

☐ **ROOT CANAL THERAPY APPOINTMENT**

All therapies require an evaluation, diagnostic testing and appropriate imaging.

- OR -

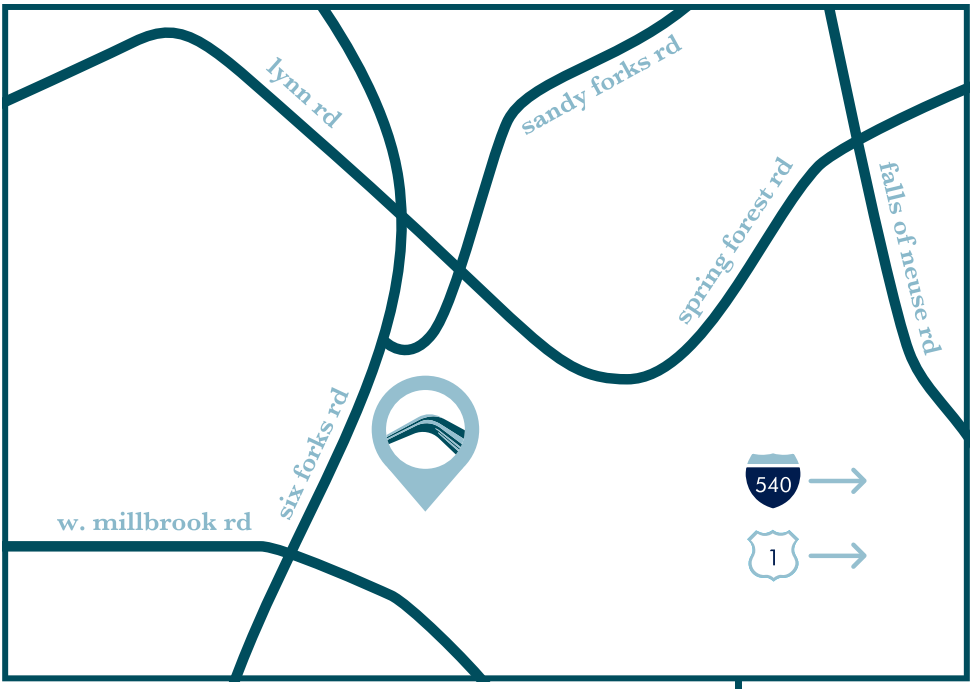
☐ **EVALUATION & CBCT**

- ☐ Nonlocalized Pain
- ☐ Retreatment
- ☐ Apicoectomy Surgery
- ☐ Cracked Tooth
- ☐ Resorption
- ☐ Anxiolysis
- ☐ Trauma
- ☐ Other

RESTORE ACCESS WITH

☐ Temporary ☐ Composite ☐ Post Space

Comments _____



R A L E I G H **ENDODONTICS**

5710 Six Forks Road, Ste 101 | Raleigh, NC 27609
T: (919) 866-1989 | F: (919) 866-0468
info@raleighendodontics.com

AAE American Association of Endodontists
Specialist Member

PATIENT INSTRUCTIONS

Please bring to your appointment:

- A list of medications you are presently taking along with any medications you may have allergic reactions to.
- Please alert us to any medical condition you have that may require special accomodation.
- If you have dental insurance, please bring your insurance card and any necessary forms.

If unable to keep this appointment, kindly give a 24 hour notice.