"An Extension of Your Practice”®

9 Convenient Locations

in the

Tri-County Area
An Extension of your Practice

Date: ______________________

Introducing ________________________________________________________________________

Appointment Date: ___________________________ Time: __________________________

Referring Doctor: ____________________________________________________________________

Instructions: _______________________________________________________________________

To Be Filled In By Dentist:

- Nerve was exposed.
- X-Ray revealed radiolucency.
- Root Canal treatment was started.
- Post prep is indicated.
- Evaluation for possible surgery.
- Retreatment.
- Patient is having pain, swelling, sensitivity. Please Evaluate.
- Endodontic treatment is necessary for proper restoration of tooth.

<table>
<thead>
<tr>
<th>Upper</th>
<th>Molars</th>
<th>Right Bicuspids</th>
<th>Anteriors</th>
<th>Anteriors</th>
<th>Left Bicuspids</th>
<th>Molars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5</td>
<td>6 7 8</td>
<td>9 10 11</td>
<td>12 13 14 15 16</td>
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</tr>
<tr>
<td>Lower</td>
<td>32 31 30</td>
<td>29 28</td>
<td>27 26 25</td>
<td>24 23 22</td>
<td>21 20 19 18 17</td>
<td></td>
</tr>
</tbody>
</table>

(circle teeth for endodontic consideration)

Information for Patient:

- You will be returning to your family dentist for final restoration after treatment.
- When calling for your appointment, please have your dental insurance information available.
- Please bring this referral slip and your dental insurance information to your appointment.

*CBCT Please Mark the Office Where Patient is to be Treated:

* [ ] BLOOMFIELD HILLS - TROY .................................................. (248) 647-7930
* [ ] WATERFORD - PONTIAC .................................................. (248) 683-2300
* [ ] CLINTON TWP. - STERLING HTS. ..................................... (586) 286-3390
* [ ] ROCHELLE - LAKE ORION ............................................. (248) 656-1626
* [ ] FARMINGTON HILLS - W. BLOOMFIELD ........................... (248) 737-1360
* [ ] ST. CLAIR SHORES - ROSEVILLE ................................. (586) 773-2000
* [ ] CLARKSTON - NORTH OAKLAND .................................... (248) 620-0002
* [ ] ANN ARBOR - YPSILANTI ............................................ (734) 761-3166
* [ ] COMMERCE TWP. - WHITE LAKE .................................. (248) 363-9345

The maps of our office locations are on the reverse side
For registration forms visit our website at www.rootcanalinfo.com