

ENDODONTIC



ASSOCIATES

“An Extension of Your Practice”[®]



All locations now have a CBCT Scanner

**9 Convenient Locations
in the Tri-County Area**



Richard J. Gardner, D.D.S.
 Gerald C. Dietz, Jr., D.D.S.
 Stephen Navarre, D.D.S.
 Mark Robinson, D.M.D.
 Craig F. Duhaime, D.D.S.
 James Nowicki, D.D.S.
 Carl M. Botvinick, D.D.S.

Michael A. Glass, D.D.S.
 Richard Rubinstein, D.D.S.
 Tiffany Chimelak, D.D.S.
 Ross Ryan, D.D.S.
 Chad Speirs, D.M.D.
 Mark Shallal-Ayzin, D.D.S.

John Lindell, D.D.S.
 Cara McCary, D.M.D.
 Amruta Mahajan, B.D.S.
 James Thomas, D.D.S.
 Ana Cristina Andrada, D.D.S.
 Nikeeta Patankar, B.D.S.

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.
 - Endodontic treatment is necessary for proper restoration of tooth.
- Panorex
 - Limited View CBCT Image

	Molars			Right Bicuspid		Anteriors			Anteriors			Left Bicuspid		Molars		
Upper	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Lower	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

(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.

Please Mark the Office Where Patient is to be Treated:

All locations have a CBCT Scanner

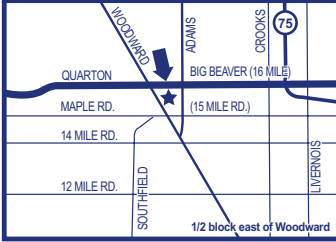
	Phone	Fax
<input type="checkbox"/> BLOOMFIELD HILLS - TROY	(248) 647-7930	(248) 647-0576
<input type="checkbox"/> WATERFORD - PONTIAC	(248) 683-2300	(248) 683-2597
<input type="checkbox"/> CLINTON TWP. - STERLING HTS.	(586) 286-3390	(586) 286-0287
<input type="checkbox"/> ROCHESTER - LAKE ORION	(248) 656-1626	(248) 656-3147
<input type="checkbox"/> FARMINGTON HILLS - W. BLOOMFIELD.....	(248) 737-1360	(248) 737-0291
<input type="checkbox"/> CLARKSTON - NORTH OAKLAND	(248) 620-0002	(248) 620-0025
<input type="checkbox"/> ANN ARBOR - YPSILANTI	(734) 761-3166	(734) 761-3831
<input type="checkbox"/> COMMERCE TWP. - WHITE LAKE	(248) 363-9345	(248) 363-9346
<input type="checkbox"/> NOVI-NORTHVILLE.....	(248) 427-0488	(248) 427-0588

For registration forms visit our website at www.rootcanalinfo.com

Location maps on reverse side

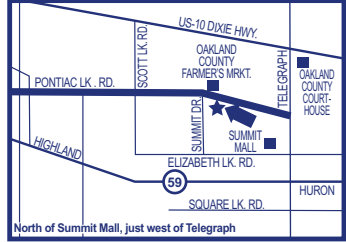
BLOOMFIELD HILLS-TROY (248) 647-7930

50 W. Big Beaver, Ste. 200, Bloomfield Hills, MI 48304



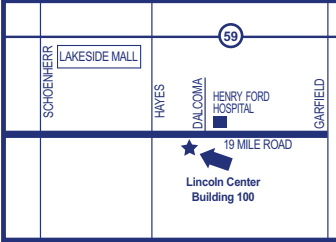
WATERFORD-PONTIAC (248) 683-2300

2335 Pontiac Lake Rd., Ste. D, Waterford, MI 48328



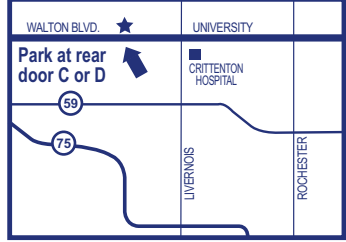
CLINTON TWP.-STERLING HEIGHTS (586) 286-3390

15870 19 Mile Rd., Ste. 110, Clinton Twp., MI 48308



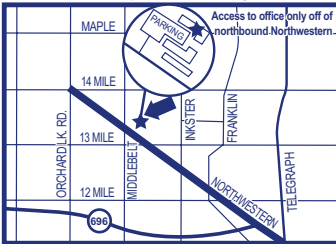
ROCHESTER-LAKE ORION (248) 656-1626

1460 Walton Blvd., Ste. 208, Rochester, MI 48309



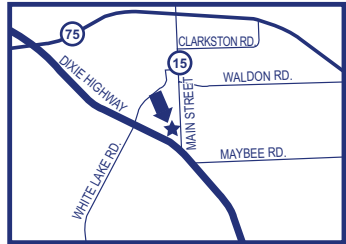
FARMINGTON HILLS-WEST BLOOMFIELD (248) 737-1360

31410 Northwestern Hwy., Ste. C, Farmington Hills, MI 48334



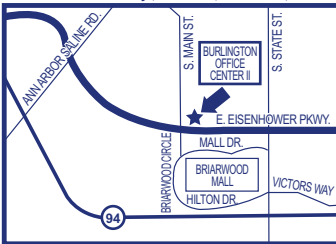
CLARKSTON-NORTH OAKLAND (248) 620-0002

5825 S. Main St., Ste 103, Clarkston, MI 48346



ANN ARBOR-YPSILANTI (734) 761-3166

315 E. Eisenhower Pkwy., Ste. 220, Ann Arbor, MI 48108



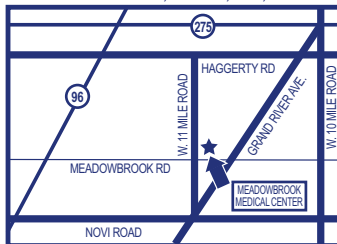
COMMERCE TWP.-WHITE LAKE (248) 363-9345

2900 Union Lake Road, Ste. 218, Commerce, MI 48382



NOVI-NORTHVILLE (248) 427-0488

25500 Meadowbrook, Ste. 125, Novi, MI 48375



**FOR ADDITIONAL REFERRAL SLIPS
PLEASE FILL OUT
YOUR NAME AND ADDRESS BELOW**

DR. _____

ADDRESS _____

Please send _____ pad(s).

Tear along perforation, fill out and mail upper portion of card.

OR FAX THIS FORM TO: 248-647-6067



Thank you for your confidence in us
when referring your endodontic patients.



"An Extension of Your Practice"®