SOUTH HOUSTON
ENDODONTICS P.A.

Specialist Member

South Houston Endodontics P.A.
10905 Memorial Hermann Dr. Suite #205
Pearland, TX 77584
Tel: (281) 416-4024 **Fax**: (281) 416-4521
contact@southhoustonendo.com

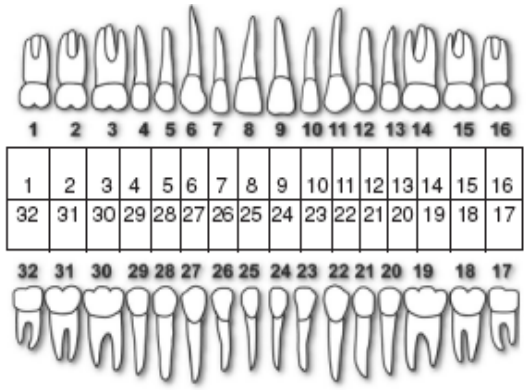
Endodontics Referral Form

Date of referral: _____/_____/_____

Referring dentist:_____ Name of Practice _____
Office telephone: (_____)_____-_____ Office e-mail: _____

Patient name: _____
Patient date of birth:_____
Parent/Guardian name if minor:_____ _____
Patient telephone: (_____)_____-_____ Patient e-mail: _____

Tooth number or area: _____



Endodontics Requests:
- ◯ Consultation / Exam
- ◯ Root canal treatment
- ◯ Root canal re-treatment
- ◯ Internal Bleaching
- ◯ Other _____

Treatment Considerations:
- ◯ Crown is temp. cemented
- ◯ Tooth has Fracture
- ◯ Pulp was exposed
- ◯ RCT was initiated
- ◯ History of Bruxism

After Treatment:
- ◯ Leave Post Space
- ◯ Temporize
- ◯ Post and Core
- ◯ Composite in Access
- ◯ Other _____

Other comments:
_____
_____

Appiontment date and time: _____/_____/_____ ___:___

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

Print

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