

# Lake Cumberland Endodontics, PSC

Practice Limited to Endodontics

## Doctor Referral Sheet

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Diplomate, American Board of Endodontics



### INTRODUCING

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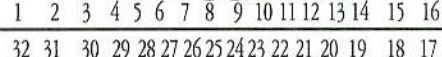

### REFERRING DOCTOR

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Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Patient will be returned to referring doctor for final restoration(s).

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | Root canal                                 |  |
| <input type="checkbox"/> | Consultation only                          |  |
| <input type="checkbox"/> | Prepare post space                         |  |
| <input type="checkbox"/> | Contact referring dentist before treatment |   |
| <input type="checkbox"/> | Other: _____                               |   |
| <input type="checkbox"/> | Comments: _____                            |   |

- |                          |                        |       |
|--------------------------|------------------------|-------|
| <input type="checkbox"/> | Antibiotics prescribed | _____ |
| <input type="checkbox"/> | Analgesics prescribed  | _____ |

### APPOINTMENT SCHEDULED FOR:

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Hours: Monday-Friday 8:00am - 4:00pm



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