Endodontic Specialists, P.C.

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TODAY'S DATE ______________

THIS IS TO INTRODUCE ______________________________ DOB: ________

(MINORS MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN)

PLEASE BRING THIS REFERRAL FORM TO YOUR APPOINTMENT.

APPOINTMENT ON ____________________ AT _________ AM/PM

❑ CENTRAL 2501 COOLIDGE RD. #201 EAST LANSING, MI 48823	❑ WEST 6105 W. ST. JOSEPH #203 LANSING, MI 48917

SEE REVERSE FOR MAP

PLEASE LET US KNOW AT THE TIME OF SCHEDULING IF THE PATIENT IS PREGNANT OR IF ANTIBIOTIC PREMEDICATION IS NECESSARY

***** BRING A LIST OF ALL MEDICATIONS TO YOUR APPOINTMENT*****

TOOTH NUMBER(S) ____________________

Right | Left

1 2 3	4 5	6 7 8 9 10 11	12 13	14 15 16
MOLARS	BICUSPIDS	ANTERIORS	BICUSPIDS	MOLARS
32 31 30	29 28	27 26 25 24 23 22	21 20	19 18 17

REFERRED BY ______________________________ PHONE # ______________

PLEASE CHECK ALL THAT APPLY:

REFERRED FOR ENDODONTIC

- ❑ DIAGNOSIS ONLY
  (TO DETERMINE IF TREATMENT IS NECESSARY)
- ❑ EVALUATION AND TREATMENT
- ❑ RETREATMENT/PERIAPICAL SURGERY
  (WILL REQUIRE A SEPARATE EVALUATION APPOINTMENT FIRST)

TREATMENT REQUESTS:

- ❑ PARA POST
- ❑ CAST POST

CONSIDERATION:

- ❑ CRACKED TOOTH
- ❑ PULP EXPOSED
- ❑ RESORPTION

COMMENTS ____

____

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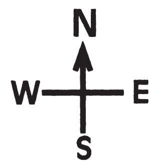
____

____

PATIENT WILL BE INSTRUCTED TO RETURN TO GENERAL DENTIST FOR FINAL RESTORATION.

MAP NOT DRAWN TO SCALE



MT. PLEASANT
US-127
GRAND RAPIDS
I-96
I-69
AIRPORT RD.
Airport
DEWITT RD.
EAST ST.
Kroger
Meijer
CENTRAL LOCATION
FLINT
LAKE LANSING RD.
M-78 - Business 69
Lake Lansing
GRAND RIVER
WILLOW
COOLIDGE
ABBOTT
HASLETT RD.
GRAND LEDGE
M-43 SAGINAW ST.
OAKLAND
SAGINAW
Meridian Mall
MARSH RD.
MICHIGAN AVE.
ST. JOSEPH
State Capitol
LARCH
I-496
HARRISON
MSU Campus
HAGADORN
GRAND RIVER AVE.
M-43
WEST LOCATION
CREYTS
WAVERLY RD.
M.L.K.JR. BLVD.
CEDAR
MT. HOPE
JOLLY RD.
OKEMOS RD.
CHARLOTTE
I-69
I-96
I-96
DETROIT
JACKSON