



practice limited to endodontics

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[www.rezaidds.com](http://www.rezaidds.com)

Patient \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Tooth To Be Evaluated

1 2 3 4 5 6 7 8 • 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 • 24 23 22 21 20 19 18 17

Reason For Referral

- Consultation only
- Periapical radiolucency present
- Pulp exposure
- RCT required for proper restoration
- Evaluation for endodontic surgery

Radiographs

- Are being emailed • mailed
- Given to patient

Restorative Treatment Plan

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restorative Instructions

- Place post and build-up
- Leave post space
- Place Cavit • IRM • NE Temp in access cavity
- Place final restoration in access cavity

Miscellaneous

- Call me about this case
- Crown/bridge is cemented
  - Temporarily  Permanently
- Crown/bridge is
  - Cerec  All Porcelain  \_\_\_\_\_
- Nitrous Oxide • Oral Sedation may be needed

Please send additional referral forms

Special Instructions

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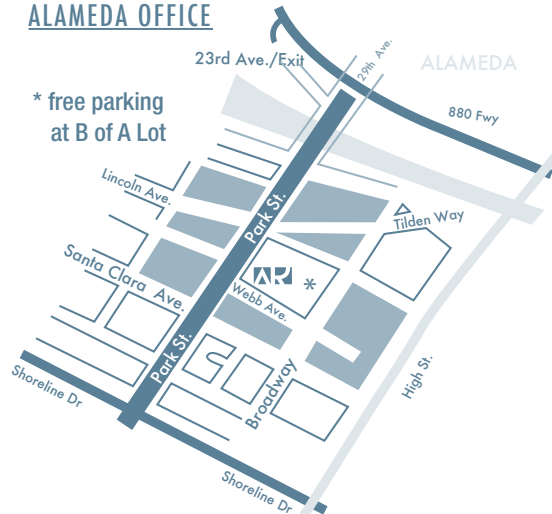
Signed \_\_\_\_\_

Date \_\_\_\_\_

### OAKLAND OFFICE



### ALAMEDA OFFICE



### ORINDA OFFICE

