PARADISE
ENDODONTICS

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Date _____

Introducing _____

Patient Phone Number _____

Referred by Dr. _____

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

Referral Request:
- ❒Evaluation Only
- ❒Evaluate & Treat
- ❒CBCT Imaging
- ❒RCT Needed for Restoration

Restorative Services
- ❒Temporary Restoration
- ❒Permanent Restoration
- ❒Prepare Post Space

Status of the Tooth
- ❒Previously RCT Treated
- ❒Recent Restoration
- ❒Tooth is/may be Fractured
- ❒Pulpotomy/Pulpectomy Completed

If Not Restorable/Fractured
- ❒Return to my Office
- ❒Extract
- ❒Refer for Extraction to:

_____

Comments _____

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Scan To Register

❒Send Referral Pads