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Referral for Endodontic Care

Patient Name _____ Today's Date _____

Referred by _____ Appt. Date/Time _____

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:

- Dental emergency – acute pain/severe swelling
- Vague/moderate pain
- Endodontics needed
- Evaluation for
 - root canal treatment
 - retreatment
 - endodontic surgery

Comments:

Remarks/pertinent history:

- Pulp exposure
- Tooth open for drainage
- Radiographic findings present
- History of trauma
- Temporarily cemented crown
- New crown/bridge planned
- Please leave post space
- Premedication required for dental treatment

MAP AND PATIENT INFORMATION ON BACK

INFORMATION FOR PATIENTS

Your appointment is on _____ @ _____:_____ M

Please bring the following when you come to our office:

- This referral slip
- Your current dental insurance information
- A list of all medications you are taking

Also, if your dentist would like us to evaluate any x-rays, please arrange for them to be here for your appointment

