

# REFERRAL CARD

Patient Name: \_\_\_\_\_

Referred by: \_\_\_\_\_

Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_ Tooth number(s): \_\_\_\_\_

## Status of the tooth

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Discomfort    | <input type="checkbox"/> Periapical pathosis | <input type="checkbox"/> Temporary / Permanent Crown |
| <input type="checkbox"/> Pulp exposure | <input type="checkbox"/> Caries removed      | <input type="checkbox"/> Pulpotomy performed         |

## Services requested

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Evaluation             | <input type="checkbox"/> Root canal Tx      | <input type="checkbox"/> Re-Tx or Surgical Tx |
| <input type="checkbox"/> Post space preparation | <input type="checkbox"/> Permanent build-up | <input type="checkbox"/> Temporary cement     |

Comments: \_\_\_\_\_

\_\_\_\_\_



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