



# PRO ENDODONTICS

Practice Limited to Endodontics

899 S. Weber Rd.  
Unit B  
Bolingbrook, IL  
60490  
630-277-9373

**Hammad A. Khan, D.D.S., M.S. • Diplomate of the American Board of Endodontics**

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

Patient Phone \_\_\_\_\_ Date \_\_\_\_\_

Referred by Dr: \_\_\_\_\_ Referral Phone: \_\_\_\_\_

Tooth#/Region for Evaluation \_\_\_\_\_

## Reason for Referral

- |  |  |
|--|--|
| <input type="radio"/> Consult Only                       | Post Room : Yes _____ No _____                                   |
| <input type="radio"/> Root Canal                         | Place Core Build Up : Yes _____ No _____                         |
| <input type="radio"/> Retreatment                        | Under Temporary : Cotton Pellet _____ Foam Pellet _____          |
| <input type="radio"/> Apicoectomy                        | <input type="radio"/> X-ray Attached                             |
| <input type="radio"/> CBCT                               | <input type="radio"/> X-ray Emailed ( info@pro-endodontics.com ) |
| <br><input type="radio"/> Please Call Prior to Treatment |  |

Remarks \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Please have this referral slip available when scheduling and at time of the appointment.  
We look forward to meeting you and treating you with the best possible care and consideration.

**630-277-9373 | pro-endodontics.com**