

DR. YAGNIK PATEL

PRACTICE LIMITED TO ENDODONTICS

Introducing:		
Tooth No.	Today's Date	
Contact	Alternate Con	tact
Insurance	Member ID	
DOB	Employer	
Appointment Date	Day	Time
REASON FOR REFERRAL		
Pain, Swelling or Sensitivity	Periapical Lesion	Perforation/ Separated Instrument
Previously Initiated	Suspected Fracture	Discoloration
Pulpal Exposure	Oral Sedation	Resorptive Defect
TREATMENT REQUESTED _		
Consultation Only	Root Canal Treatment	Root End Surgery (Apicoectomy)
Retreatment	Internal Bleaching	
EXISTING RESTORATION _		
Permanent Crown	☐ Direct Restoration	Temporary Crown
POST TREATMENT RESTORATION		
☐ Temporary restoration	Permanent restoration	
Post and Core	Create Post Space	
☐ Please call before treatment ☐ Please send more referral forms		
Rockhill Read Rocklill Read	rginia Pkwy 75	REMARKS