

REFERRAL



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M1H 3G3

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INTRODUCING _____ DATE _____

Please circle teeth or area for Endodontic consideration:

Right	8	7	6	5	4	3	2	1	/	1	2	3	4	5	6	7	8	Left
	8	7	6	5	4	3	2	1	/	1	2	3	4	5	6	7	8	

- Diagnostic Consultation
- CBCT Scan
- Endodontic Treatment
- Endodontic Retreatment
- Surgical Treatment
- Other

Remarks: _____

REFERRED BY _____
APPOINTMENT _____

Medications Prescribed _____

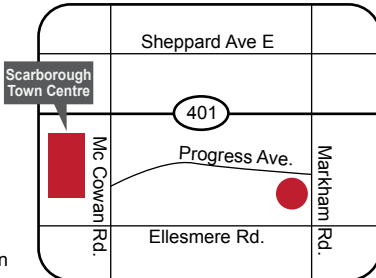
- Patient has discomfort
- Pulp exposure
- Radiographic findings present
- Endodontics started & access closed
- Access left open to drain
- Endodontic treatment completed

- Bridge/Crown is cemented Temporarily Permanently
- Radiographs Enclosed E-mailed
- Post space required Yes No

Patient requires nitrous oxide sedation



Patient will return to the referring dentist for the final restoration



From Pickering / Ajax

- Take 401 West to Markham Rd. exit
- Turn left at lights onto Markham Road
- Turn right onto Progress Ave - 885 Progress Ave is on the left

From Toronto

- Take 401 East to Markham Rd. exit
- Turn right at lights onto Markham Road
- Turn right onto Progress Ave - 885 Progress Ave is on the left

By TTC

- Markham bus 102 from Warden subway station
- Tapscott bus 134 from Scarborough Town Centre

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