PTBO
endodontic clinic

Peterborough Endodontic Clinic
www.ptboendo.com
Phone: 705-740-9197
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ADDRESS: 555 GEORGE ST N
SUITE 9
PETERBOROUGH ON
K9H3S1

PATIENT REFERRAL FORM

DATE: _____ PATIENT NAME: _____

PHONE: _____ EMAIL ADDRESS: _____

APPONTMENT DATE AND TIME: _____

PLEASE MARK THE TOOTH OR TEETH TO BE EVALUATED:

UPPER RIGHT								UPPER LEFT							
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
LOWER RIGHT								LOWER LEFT							

REASON FOR REFERRAL:

O PAIN OR SWELLING
O RADIOGRAPHIC FINDINGS
O CARIOUS PULP EXPOSURE
O HISTORY OF TRAUMA
O ROOT CANAL NEEDED FOR RESTORATION
O OTHER:

REQUESTED TREATMENT:

O ROOT CANAL THERAPY
O RE-TREATMENT
O APICAL SURGERY
O EVALUATION ONLY
O POST SPACE REQUESTED
O CONE BEAM CT SCAN
O PLEASE CALL TO DISCUSS
O OTHER:

COMMENTS:

_____

_____

_____

KINDLY REFERRED BY: _____

OFFICE PHONE: _____ **EMAIL:** _____

O PLEASE MAIL TREATMENT REPORT
O PLEASE E-MAIL TREATMENT REPORT