KINGSTON ENDODONTICS

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Email: admin@kingstonendodontcs.com

Introducing _____ Date of Birth:___/___/___
Referring Doctor: _____
Ref. Date: _____ Patient Phone: _____

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

Referral Request

- ☐ Consultation and treat as needed
- ☐ Endodontic therapy needed for proper restoration
- ☐ Endodontic retreatment
- ☐ Endodontic surgery
- ☐ Post and core
- ☐ Root amputation

Dental History

- ☐ Restoration
  Filling_____When _____
- ☐ Crown_____ When_____
  Prior endodontic treatment
  When_____
- ☐ New crown to be made

Dental/Oral Findings

- ☐ Pain/Swelling
- ☐ Pulp exposure
- ☐ Trauma/Crack
- ☐ Apical radiolucency
- ☐ Sinus tract
- ☐ Periodontal condition

Requested Coronal Restoration

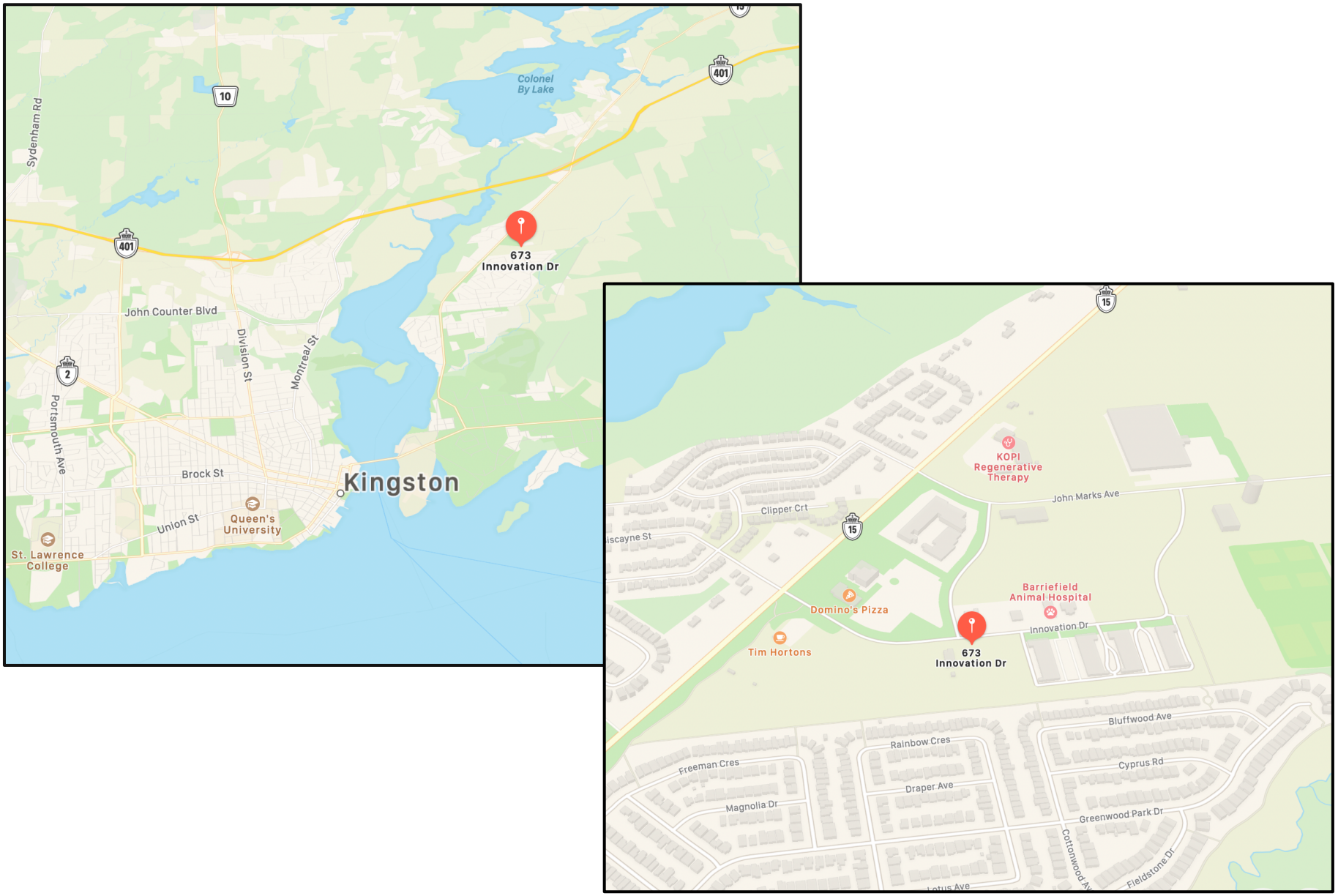
- ☐ Bonded resin core
- ☐ Amalgam core
- ☐ Post placement

Other

- ☐ Antibiotic prescribed
- ☐ Analgesics prescribed
- ☐ Radiograph(s) enclosed

Additional information / comments/ instructions

_____
_____
_____
_____
_____
_____
_____


Colonel By Lake
Sydenham Rd
10
401
673 Innovation Dr
John Counter Blvd
Division St
Montreal St
Portsmouth Ave
Brock St
Union St
Queen's University
St. Lawrence College
Kingston
15
KOPI Regenerative Therapy
John Marks Ave
Clipper Crt
Barriefield Animal Hospital
Domino's Pizza
Innovation Dr
Tim Hortons
Bluffwood Ave
Rainbow Cres
Freeman Cres
Cyprus Rd
Draper Ave
Magnolia Dr
Greenwood Park Dr
Fieldstone Dr