

Benjamin J. Fravel, DDS, MS | Aaron Wachlarowicz, DDS

Introducing _____ Birthdate _____
for endodontic consideration of the teeth (or area) indicated.

Appointment Date _____ Time _____ am/pm

Please evaluate and treat. Please evaluate only.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	UPPER
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LOWER
RIGHT																LEFT

Remarks _____

Tooth Pain is felt with Cold Hot Percussion Biting
Area exhibits: Oral/Facial Swelling Tenderness Sinus Tract

- Tooth history includes crack/fracture.
- Patient has vague unlocalized pain in area indicated.
- X-ray reveals radiolucency.
- Pulp was exposed or possibly exposed.
- Tooth was opened and temporized.
- RCT is necessary for restoration.
- Prior RCT appears to be failing.

RESTORATIVE INSTRUCTIONS

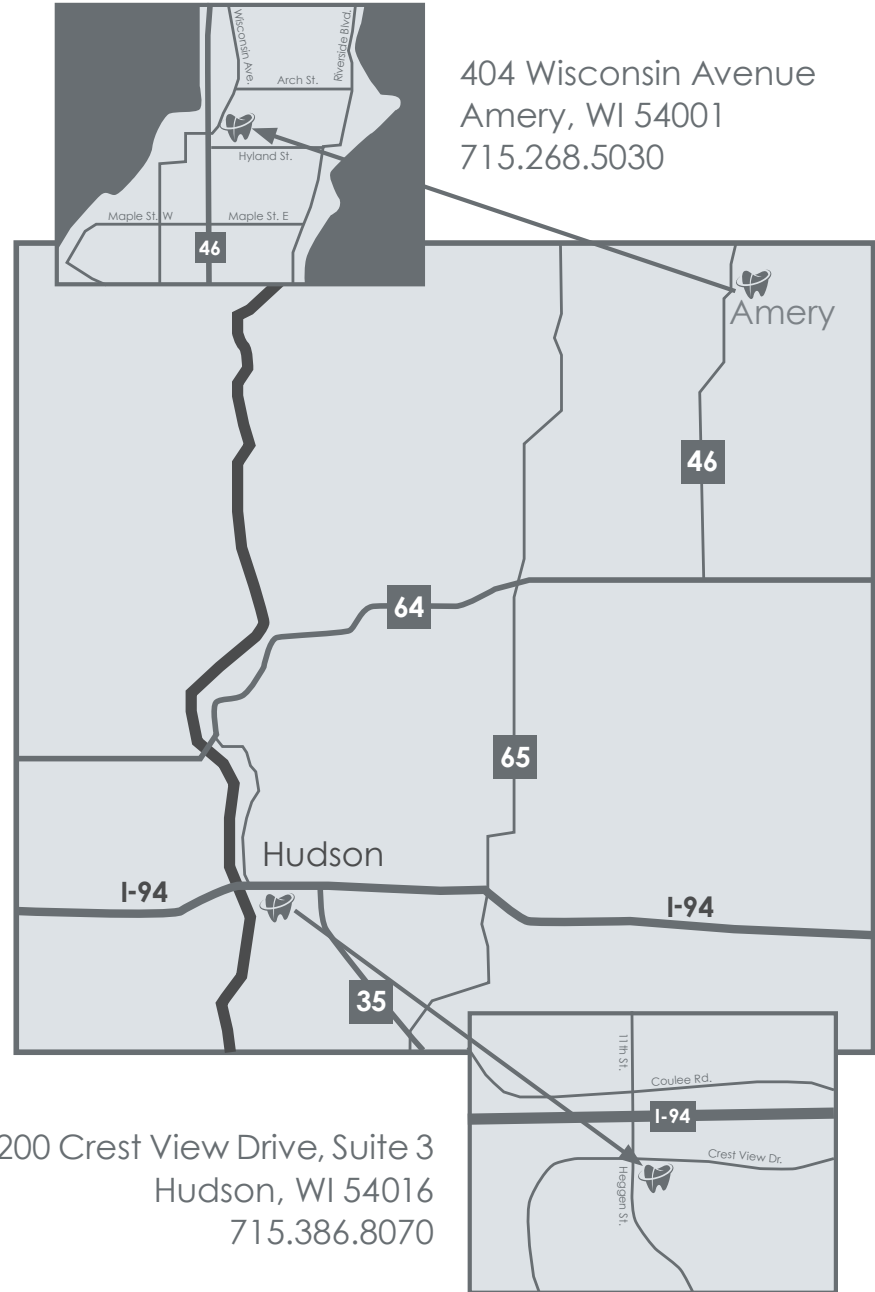
- Please place final restoration in access opening.
- Please place a provisional restoration.

Referred by Dr. _____

Date _____

BEFORE YOUR APPOINTMENT

- Register online at www.riverheightsendo.com or arrive 20 minutes early to your appointment for paperwork.
- Bring this referral form with you to your appointment



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