Referral form endodontics via e-mail to:
hello@d-clinic.uk

Dr. Mehl
living reliability

Patient:

Last name | First name | E-Mail

Telefone | Mobile

Dental Chart:

Right								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

Referring doctor:

Last Name | First name

Telefone | Mobile

E-Mail

Endodontic current status

- Acute symptoms, pain and swelling
- Nerve exposed and necrotic material evident
- Crown/bridge is cemented
  - Temporary
  - Permanent
- Patient has only little pain - please only consultation
- Root canal treatment was started, but problems occured
- Tooth left open
- Elective treatment

Which problems?

Endodontics (desired treatment)

- Diagnostic/ consultation
- Diagnostics and treatment
- Post and core build-up
- Sedation required

X-ray

- Patient brings x-ray
- X-ray will be sent via E-mail
- Please new x-ray

With kind regards,

Date, Signature