



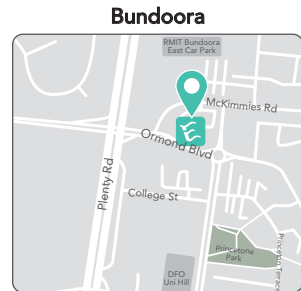
I would like to introduce _____ DOB ____/____/____
for assessment of tooth/teeth _____ regarding the following:

- Initial / Continue endodontic treatment
- Endodontic re-treatment or surgery
- Consultation (pain diagnosis or other assessment)
- Trauma management



Restorative Plan

- Provide Core (amalgam/composite)
- Provide a definitive restoration
- Return with a temporary restoration for further assessment



Other Relevant History

Referring Doctor:

Ph:

Address:

Email (for report):

Date: