

# REFERRAL CARD

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This will introduce

(Person's Name)

ON

(Date)

FOR ENDODONTIC CONSIDERATION  
PLEASE SPECIFY TOOTH (TEETH) BY NAME

Patient has a vague toothache please evaluate

X-ray revealed pulpal involvement

Pulp was exposed

X-ray revealed radiolucency

Post restoration planned

Tooth is open for drainage

Comments:

Appt. Time:

Referred by Doctor:

Phone:

PATIENT WILL BE RETURNED TO REFERRING DENTIST FOR FINAL RESTORATION