

WESTFORD ENDODONTIC CARE

REFERRAL DATE ____/____/____

Introducing _____

Referring Doctor _____

Appointment Date ____/____/____ Time ____:____

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	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

REFERRED FOR:

- Endodontic Therapy
- Prophylactic Endodontic Therapy
- Diagnostic Consultation

HISTORY:

- Pulp Exposure Crack Fracture Prior Endodontic Therapy
- Other _____

SYMPTOMS:

- Cold Hot Biting Percussion Swelling Sinus Tract
- Other _____

Duration _____

POST SPACE PREPARATION? Yes No

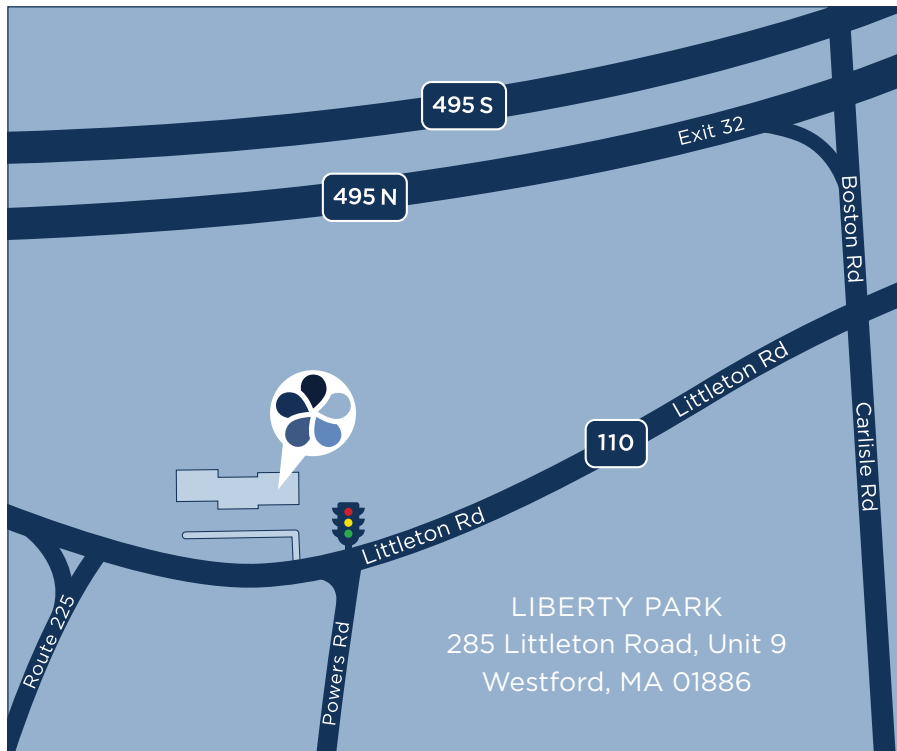
IS ANTIBIOTIC PROPHYLAXIS NECESSARY? Yes No

REQUEST ADDITIONAL REFERRAL PADS

PLEASE SEND IMAGES TO: office@westfordendo.com

WESTFORD ENDODONTIC CARE

Christopher K. Ross, DMD, PC



Dr. Ross and his team are located in the Liberty Park executive office complex in Westford, Massachusetts, right off of Route 110. Our office is conveniently located on the first floor of the far right entrance in the blue-gray building.



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