PROGRESSIVE
ENDODONTICS

specialist member

Saving Teeth Through Single-Visit Root Canal Treatment

Harp Deol, DDS, MMSc
John Bhambra, DMD • **Tanjit Taggar**, DMD, MS

PITTSFORD
151 Sully's Trail, Suite 2
Pittsford, NY 14534
phone 585.248.3636 (ENDO)

GENESEO
4396 Lakeville Road
Geneseo, NY 14454
phone 585.243.1790

email proendo@rochester.rr.com *web* **progendospecs.com**

REFERRAL FORM

Referred by: _____

Date: _____

Patient Name: _____

Home/Work/Cell: (_____) _____ - _____

Date of Appointment: _____ Time: _____ AM/PM

Tooth/Area	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
to evaluate	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PLEASE PROVIDE

- ❑ Consultation & Diagnosis
- ❑ Root Canal Treatment
- ❑ Retreatment
- ❑ Apicoectomy
- ❑ Leave Post Space
- ❑ Remove Post

PLEASE SEND ADDITIONAL

- ❑ Referral Cards

CLINICAL HISTORY

- ❑ Pain or Swelling
- ❑ History of Pulp Exposure/Trauma
- ❑ Possible Cracked Tooth

TO HELP US BETTER PREPARE, THE PATIENT

- ❑ Requires Antibiotic Prophylaxis

COMMENTS & CONSIDERATIONS

Please bring this form with you to your appointment.
Fees and/or dental insurance co-payment are due at the time of service.
Minors must be accompanied by a parent or guardian.