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760 W Eisenhower Pkwy, Suite 210, Ann Arbor, MI 48103

Please bring this Referral with you. Please note we will take our own X-rays.

Introducing: _____ Date: _____

Appointment Date: _____ Time: _____

Referring Doctor: _____

Comments/Special Instructions: _____

	R molars			biscuspids		anterior			anterior			biscuspids		molars			L
UPPER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LOWER

- Internal / External resorption
- Evaluate and treat
- Consult for previous root canal treatment
- Patient is having pain and/or swelling
- Trauma
- Pulp was exposed
- Root canal treatment has been started
- Prepare post space
- 3D CBCT radiograph



- Place final restoration
- Please call me

