

Advanced Endodontics, LLC

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Referring Doctor's Form

Patient's First Name

Patient's Last Name

Patient's Phone Number

Patient's Date of Birth

Referring Office and Doctor

Office Phone Number

Tooth Number

Previous RCT on this tooth?

- ☐ First Available
☐ Dr. Jonathan A. Mason
☐ Dr. Kaleigh M. Lombardo

- ☐ Temporary Restoration
☐ Permanent/Core Build-up
☐ Post Space

- ☐ Post and Core
☐ At our discretion

Notes