

**This will introduce:**

**Referred by:**

**Dr.**

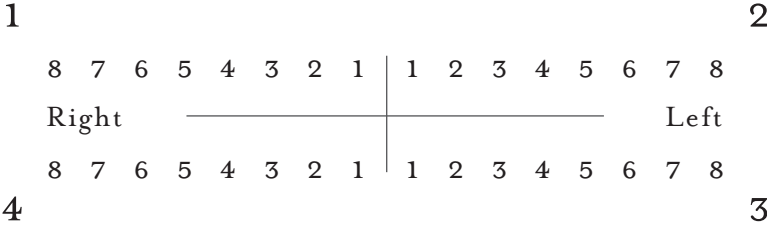
**Tel:**

**The following appointment has been reserved for your patient:**

Day: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_  am  pm

**For evaluation of Tooth/Teeth#**



**Patient's Chief Complaint/Reason for Referral:**

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**Please discuss sedation with patient:**  Yes  No

**Additional Comments/Concerns**

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**Patient has been advised that the following may be required:**

- Emergency Therapy
- Conventional
- Retreatment
- Surgery
- Other

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