

SOUTHTOWNS ENDODONTICS

Paul G. Calabrese, D.D.S., M.S.

Michael Vatal, D.D.S., M.S.

Blair Braunstein, D.D.S.

6225 West Quaker Street

Orchard Park, NY 14127

Phone: (716) 667-2030

Fax: (716) 667-2034

Email: Southtownsendo@yahoo.com

Website: southtownsendo.com



American Association
of Endodontists
Specialist Members

Introducing

Referred by Dr.

Patient is being referred for the following:

- Root Canal Therapy Diagnosis Retreatment Endodontic Surgery

X-ray:

- Sent with Patient Emailed/Mailed N/A

For Tooth # _____

- | | |
|--|--|
| <input type="checkbox"/> Symptomatic Patient | <input type="checkbox"/> Elective Root Canal Needed |
| <input type="checkbox"/> Asymptomatic Patient | <input type="checkbox"/> Post Removal Only |
| <input type="checkbox"/> Periapical Radiolucency | <input type="checkbox"/> Prepare Post Space |
| <input type="checkbox"/> Pulp Exposure | <input type="checkbox"/> Antibiotic Prophylaxis Required |
| <input type="checkbox"/> RCT Started | <input type="checkbox"/> Please Call Concerning Patient |

UPPER RIGHT								UPPER LEFT							
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 RIGHT								LOWER LEFT							

Comments: _____

Appointment Day: _____ Date: _____ Time: _____

Signed Dr. _____

If you are unable to keep this appointment, kindly give 24 hours notice.