

Rhode Island Endodontics

— Usman Fazli, DMD —

Diplomate, American Board of Endodontics

Fellow of Royal College of Dentists Canada



PATIENT REFERRAL

Today's Date			
First Name		Last Name	
Birth Date		Phone #	
Referring Provider			Phone #

Treatment Requested:

- | | |
|----------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Endodontic Consultation | <input type="checkbox"/> Tooth has fixed restoration |
| <input type="checkbox"/> Root Canal Treatment | <input type="checkbox"/> Cemented permanently |
| <input type="checkbox"/> Root Canal Re-Treatment | <input type="checkbox"/> Cemented with temporary cement |
| <input type="checkbox"/> Evaluation for Apical Surgery (Apicoectomy) | <input type="checkbox"/> Restore endodontic access with |
| <input type="checkbox"/> Post Space Needed | <input type="checkbox"/> Temporary restoration |
| | <input type="checkbox"/> Core build up material |

Please Indicate Tooth to be Evaluated

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Instructions or Comments:

Please call our office at (401) 337-9150 ahead of your visit with your insurance information and visit our website at www.rhodeislandendo.com and look up the new patient section for more information about your upcoming visit. We look forward to your visit.



Warwick Medical Building
400 Bald Hill Road, Suite 528
Warwick, RI 02886
Tel: 401-337-9150
Fax: 401-337-9153
www.rhodeislandendo.com