

DR CHRISTINE PREMDAS-ROGERS

SPECIALIST ENDODONTIST

# Patient Referral Form

This is to introduce: ..... Date: / /

Treatment:

- Consultation/Prognosis
- Endodontic Treatment
- Diagnosis of Pain
- Endodontic Retreatment
- Post Removal
- Post Space Required
- Intravenous Sedation
- Trauma Management
- Periapical Surgery
- Perforation Repair
- Non Vital Bleaching
- Internal/External Resorption
- Final Restoration/Core Required

Tooth:

18 17 16 15 4 13 12 11      21 22 23 24 25 26 27 28  
48 47 46 45 44 43 42 41      31 32 33 34 35 36 37 38

Notes:

---

---

---

Referred by Dr.

---

Address:

---

Contact:

---