

FOR THE REFERRING DENTIST



- Evan N. Miller, D.D.S., P.A.**
- Geoffrey L. McMurray, D.D.S.**

141 Providence Road, Suite 100
 Charlotte, NC 28207
 Tel: 704-377-1444
 Fax: 704-377-1451
 info@CharlotteEndodontics.com

Referring Dentist _____
Referring Dentist Phone _____
Patient _____
D.O.B. _____
Appt. Date/Time _____
Today's Date _____

*Please fill out the following information and fax or email to us prior to your patient's appointment.
 This form and any images can be emailed to: info@charlotteendodontics.com*

Patient is being referred for:

- Endodontic Exam/Consultation Only (please circle)
 - Cone Beam Scan
 - Endodontic Treatment, # _____
- UR 1 - 2 - 3 | 4 - 5 | 6 - 7 - 8 - 9 - 10 - 11 | 12 - 13 | 14 - 15 - 16 UR
 LR 32 - 31 - 30 | 29 - 28 | 27 - 26 - 25 - 24 - 23 - 22 | 21 - 20 | 19 - 18 - 17 LR

| History of Tooth/Area in question: | # | Date | Other Details |
|---|---|------|---------------|
| <input type="checkbox"/> Crown and Bridge/Fixed Pros | | | |
| <input type="checkbox"/> Filling/Restoration | | | |
| <input type="checkbox"/> Pulp cap/close proximity to pulp | | | |
| <input type="checkbox"/> Pulp exposure | | | |
| <input type="checkbox"/> Fracture observed | | | |
| <input type="checkbox"/> Bite/Occlusal adjustment | | | |
| <input type="checkbox"/> Previous Endodontic Treatment | | | |
| <input type="checkbox"/> Endo Attempted/Initiated | | | |
| <input type="checkbox"/> Your Examination Findings (additional space on reverse): _____ | | | |

Other Details:

- Provide Post Space
- Temporary/Provisional Restoration
 - Remove Go Through
- Permanent Restoration with temporary cement (remove)
- Access Restoration
 - Cotton/IRM Restore Permanently
- Pre-Med Antibiotics Required
- If yes, please prescribe _____
- Light Sedation Requested? (Consultation Required)



- Please bring a current list of your medications and doctors' phone numbers.
- Please call our office, prior to your appointment, if you have any questions regarding taking antibiotics ("premed") for joint replacement, heart murmurs, heart prosthetics/valves or any other condition.
- Please visit our website at www.CharlotteEndodontics.com to print and complete the forms you need for your appointment.

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**Directions From I-277 North
 (John Belk Freeway)**

Take exit 2A (Kenilworth/3rd St./4th St.)
 Immediately bear left down the 3rd St./4th St. side.
 At the traffic light at end of ramp, turn right onto
 3rd St. (which becomes Providence Rd.)
 The Charlotte Endodontics office will be on your left,
 in the Uwharrie Bank Mortgage building.

**Directions From I-277 South
 (Brookshire Freeway)**

Take exit 2A (3rd St./4th St. exit.)
 At the traffic light at end of ramp, turn left onto
 4th St.
 Go to the next light at McDowell St. and turn left.
 Go one block to the next light and turn left onto
 3rd St. (which becomes Providence Rd.)
 The Charlotte Endodontics office will be on your left,
 in the Uwharrie Bank Mortgage building.



Additional notes: _____
