

**FOR THE REFERRING DENTIST**



- GEOFFREY L. MCMURRAY, D.D.S.**  
*Diplomate, American Board of Endodontics*
- YOUNGHYUP (JOE) BYUN, D.D.S.**  
*Diplomate, American Board of Endodontics*
- AARON M. KEITH, D.D.S.**  
*Diplomate, American Board of Endodontics*

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

**Referring Dentist** \_\_\_\_\_

**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:**

(please circle)

- Endodontic Exam/Consultation Only
 

UR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	UL
LR	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LL
- Cone Beam Scan
- Endodontic Treatment, # \_\_\_\_\_

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"/> Crack 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](http://www.CharlotteEndodontics.com) to print and complete the forms you need for your appointment.

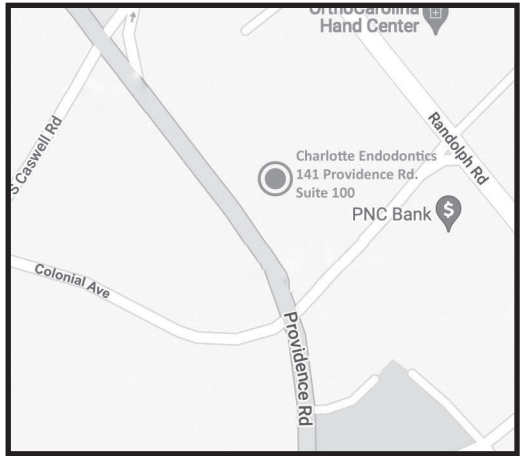
141 Providence Road, Suite 100  
Charlotte, NC 28207  
Tel: 704-377-1444  
Fax: 704-377-1451  
[info@CharlotteEndodontics.com](mailto:info@CharlotteEndodontics.com)

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_