

### FAX REFERRAL SHEET

Please circle teeth to be treated or area involved

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

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

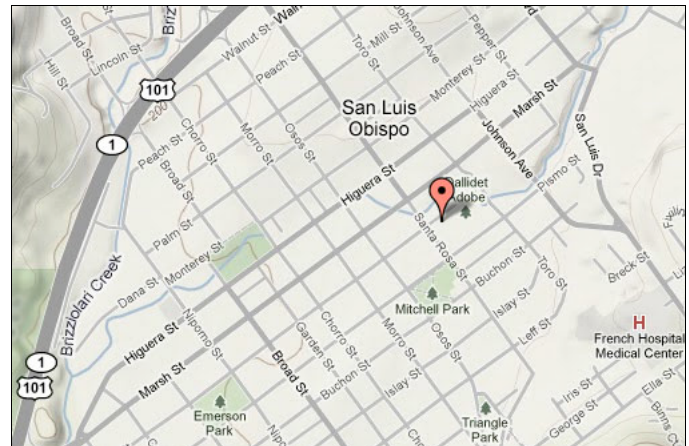
- Intentional Endodontics
- Please leave post space
- Please place preformed dowel post and composite buildup
- Crown or bridge to be remade
- Final impression taken
- Patient needs to be premedicated
- Treat as indicated
- Call me before starting treatment

Introducing \_\_\_\_\_

Please call patient at phone \_\_\_\_\_

Referred By \_\_\_\_\_

Appointment	Day	Date	Time
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Additional Notes:

**END OF FAX REFERRAL SHEET**