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Referral Slip

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Date _____

INTRODUCING _____
 FOR ENDODONTIC CONSIDERATION. PATIENT WILL BE RETURNED TO
 REFERRING DENTIST FOR FINAL RESTORATION.

REMARKS _____

REFERRED BY _____

R. MOL			BI.		ANT.						BI.		MOL.			L
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	MAX.
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	MAND.

CIRCLE TEETH FOR CONSIDERATION

TO BE FILLED IN BY DENTIST

- Endodontics necessary for proper restoration Post Space
- Pulp was exposed and was vital.
- Pulp was exposed and was non-vital.
- Pulp was exposed and status of pulp couldn't be determined absolutely.
- Tooth is open for drainage.
- X-Ray revealed pulpal involvement.
- X-Ray revealed radiolucency.
- Patient has vague toothache, please evaluate.
- Patient has pain, swelling or sensitivity, please evaluate.
- Other: _____

Clinton:
Clinton Business Center
 7905 Malcolm Road
 Ste. #300
 Clinton, MD 20735
 Tel: 301-868-5500

Waldorf:
Lakeview Professional Park
 605 Post Office Road
 Ste. #202
 Waldorf, MD 20602
 Tel: 301-843-3290

College Park:
 6201 Greenbelt Road
 Ste. #U-11
 College Park, MD 20740
 Tel: 301-345-3800

California:
Keystone Professional Center
 22888 Three Notch Road
 Ste. #102
 California, MD 20619
 Tel: 301-737-5507

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