



WESTSIDE ENDODONTICS

REFERRING **DENTIST**

DATE

PATIENT NAME + EMAIL

PATIENT DOB

PATIENT'S PHONE (HOME)

WORK/CELL (CIRCLE PREFERRED CONTACT)

18	17	16	15	14	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

ENDODONTIC REFERRAL

- Diagnostic Consultation & Treatment**
- Emergency Treatment** (Patient in Pain)
- Intentional Endodontics** (Prior to Prosthodontic Treatment)
- Treatment Initiated but not completed** due to : (check all that apply)
 - o existing filling material &/or posts
 - o calcified canals or exceptional anatomy
 - o possible instrument separation
 - o possible perforation
 - o difficulty anesthetizing
- Surgical Consultation**
- Oral Sedation Requested**

Radiographs Sent: None PA PAN FMS CBCT

SPECIAL CONSIDERATIONS & COMMENTS (MEDICAL, LANGUAGE, ETC) :

ENDODONTISTS

DR. SHANNON DAVIS DMD, MBA, MSc, FRCD(c)

free patient parking • wheelchair accessible • map on back

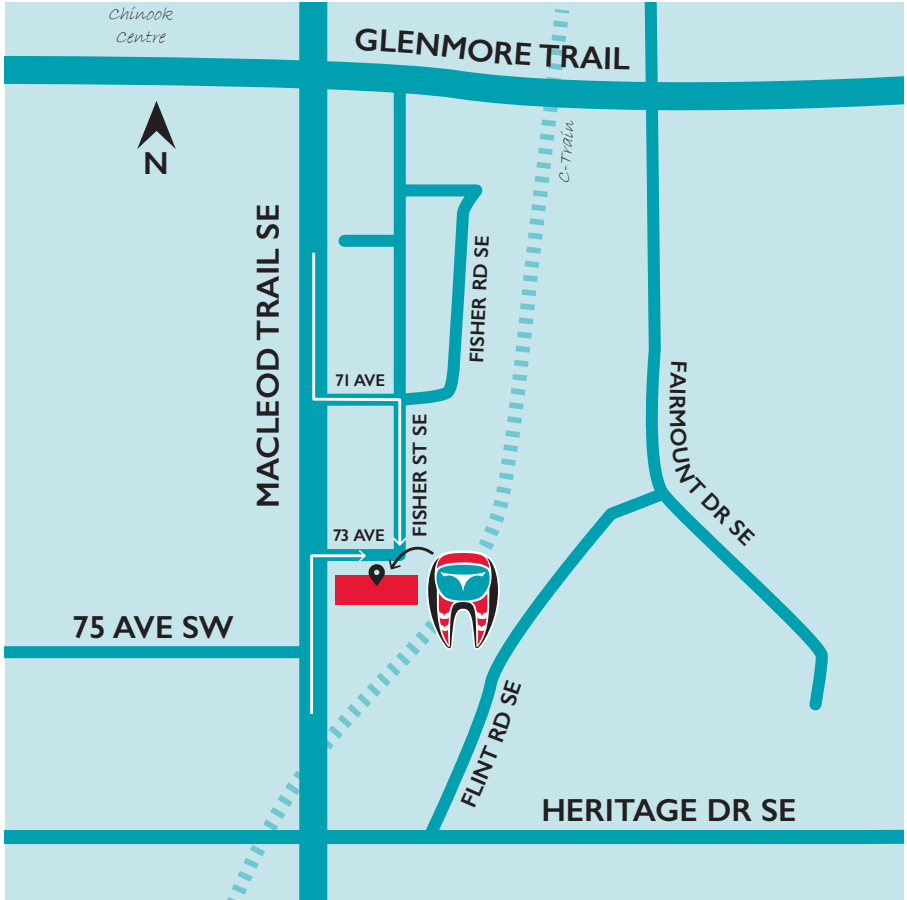
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Suite 14 - 7400 Macleod Trail SE, Calgary, Alberta T2H 0L9

wsendodontics.com



WESTSIDE ENDODONTICS



LOCATED AT

Suite 14 - 7400 Macleod Trail SE, Calgary, Alberta T2H 0L9

DIRECTIONS

SOUTHBOUND Macleod Trail: Left on 71 Ave SW, right on Fisher St SE

NORTHBOUND Macleod Trail: Right on 73 Ave SE

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