



RALEIGH
ENDODONTICS

Luke K. Dalzell, DDS, PLLC

5710 Six Forks Road, Ste 101 | Raleigh, NC 27609
T: (919) 866-1989 | F: (919) 866-0468 | info@raleighendodontics.com

REFERRAL FORM

Date _____

Patient Name _____

Patient Phone _____

Appointment Date _____ Time _____

Referring Doctor _____

Comments _____

TREATMENT DESIRED

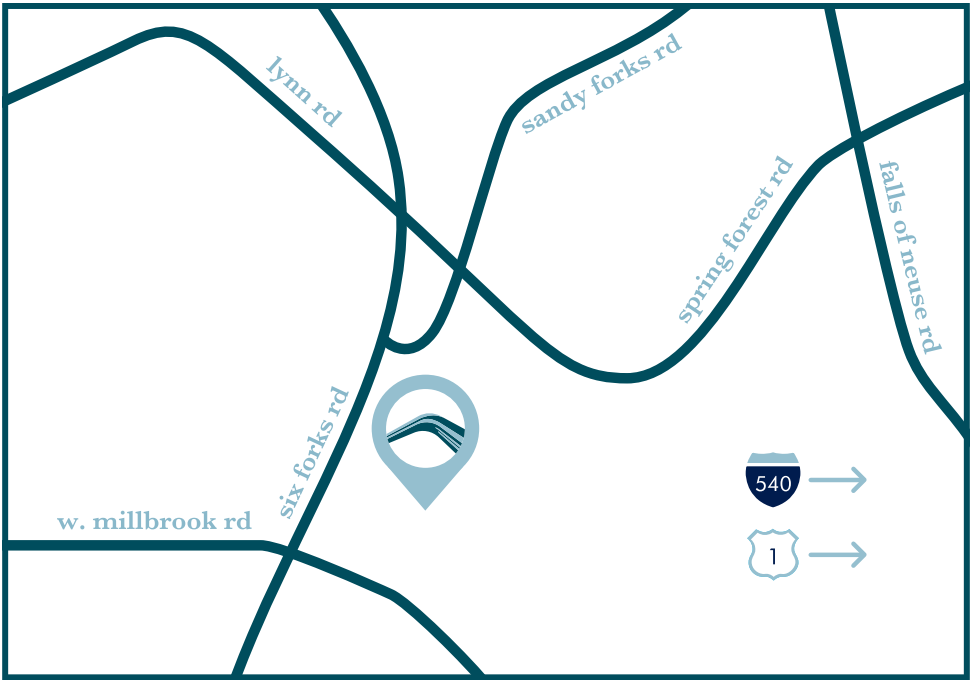
- | | |
|---|--|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Post Space Preparation |
| <input type="checkbox"/> Root Canal Therapy | <input type="checkbox"/> Patient is having pain & swelling |
| <input type="checkbox"/> Root Canal Retreatment | <input type="checkbox"/> Prophylactic endodontics |
| <input type="checkbox"/> Apicoectomy Surgery | <input type="checkbox"/> Anxiolysis |

RESTORE ACCESS WITH

- Temporary Composite

PLEASE CIRCLE TEETH TO BE TREATED

R 01 02 03 04 05 06 07 08 | 09 10 11 12 13 14 15 16 L
32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17



R A L E I G H ENDODONTICS

5710 Six Forks Road, Ste 101 | Raleigh, NC 27609
T: (919) 866-1989 | F: (919) 866-0468
info@raleighendodontics.com



PATIENT INSTRUCTIONS

Please bring to your appointment:

- A list of medications you are presently taking along with any medications you may have allergic reactions to.
- Please alert us to any medical condition you have that may require special accomodation.
- If you have dental insurance, please bring your insurance card and any necessary forms.

If unable to keep this appointment, kindly give a 24 hour notice.

raleighendodontics.com