

36800 Woodward Avenue, Suite 220, Bloomfield Hills, MI 48304
P: (248) 633-2426 • F: (248) 633-2427 • E: office@bloomfielddendo.com

Patient Name: _____ Today's Date: _____

Referring Doctor: _____ Referring Phone #: _____

Referring Email: _____

PLEASE INDICATE TEETH OR AREA OF INTEREST

R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

- | | |
|---|---|
| <input type="checkbox"/> Consult Only | <input type="checkbox"/> Radiograph Revealed: |
| <input type="checkbox"/> Root Canal Treatment | <input type="checkbox"/> Radiolucency <input type="checkbox"/> Crack / Fracture |
| <input type="checkbox"/> Retreatment | <input type="checkbox"/> Resorption <input type="checkbox"/> Extensive Caries |
| <input type="checkbox"/> Apical Surgery | <input type="checkbox"/> Root Canal Has Been Initiated |
| <input type="checkbox"/> CBCT | <input type="checkbox"/> Prepare Post Space |
| | <input type="checkbox"/> Restore Endodontic Access |

COMMENTS / SPECIFIC INSTRUCTIONS

Please see reverse side for additional information

PATIENT INSTRUCTIONS

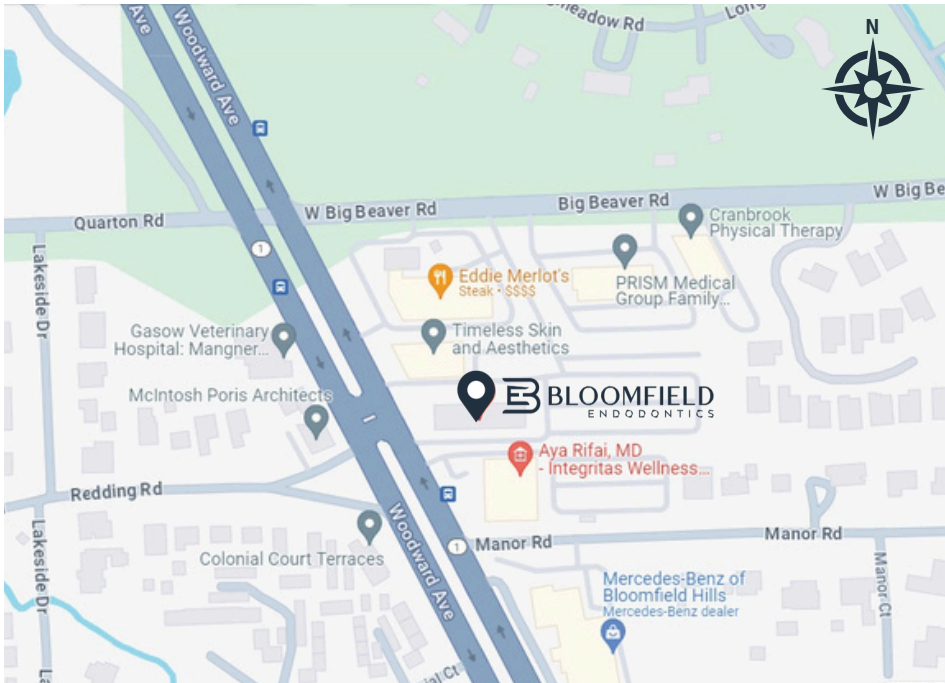
- When scheduling your appointment, please have your dental insurance information available.
- Please bring this referral slip and your dental insurance information to your appointment.
- After scheduling your appointment, you will be provided with a registration code. Please use this code to register at www.bloomfieldendo.com.

OFFICE LOCATION & CONTACT INFORMATION

36800 Woodward Avenue, Suite 220, Bloomfield Hills, MI 48304

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Located on the east side of Woodward, three buildings south of Big Beaver (16 mile)



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