

Northland Endodontics

Dr. Rod Bodell*

Endodontist

Date: Patient Phone #

This is to introduce
for endodontic therapy consideration.

Tooth/Teeth No.:

- Diagnostic Consultation
 - Recent restoration and/or crown. If so, when?
 - Previous RCT. If so, when?
- Tooth opened and drainage established
- Treatment complications? (please specify)
- Radiographic examination revealed periapical radiolucency/rarefaction
- Elective Endodontics for: Restorative purposes Part of periodontal therapy
- Surgical Endodontics
- Radiographs enclosed (to be returned)
- Medications prescribed (please specify)
- Premedications Required
- Other

Also provide: Post space

Patient will be returned to referring Doctor with evaluation and/or endodontic therapy completed for final restoration provision.

Referred by Dr.

Signature:

Appointment scheduled for:

Date: Time:

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