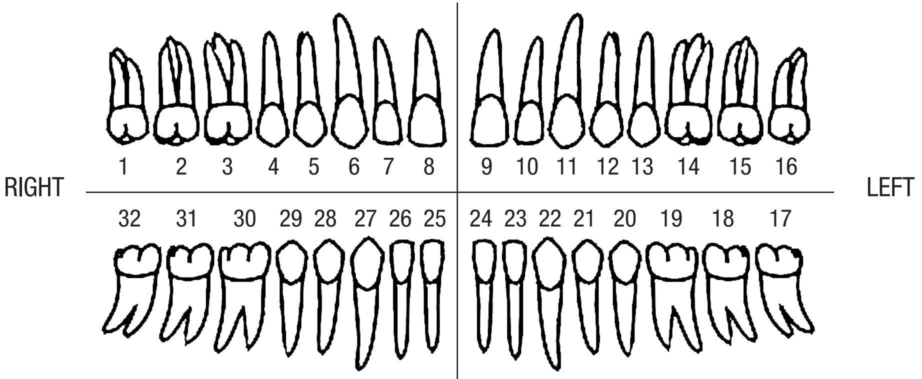
24911 Little Mack Avenue, Suite B
St. Clair Shores, MI 48080
(586) 863-1336
Fax: (586) 863-1499
www.signatureendomi.com

Introducing: ______________________________
(patient name)

Referral Date: ______________________________

Tooth # ____________

- ❑ Previous Root Canal Therapy
- ❑ Prophylactic Endodontics
- ❑ Radiographic Pathology
- ❑ CBCT Scan Only
- ❑ Patient Has Toothache
- ❑ Tooth Is Open For Drainage
- ❑ Root Canal Therapy Initiated
- ❑ CBCT / Evaluation
- ❑ Pulpal Exposure
- ❑ Please Prepare Post Space
- ❑ Pre-Medication Required
- ❑ Please Call Me



Comments: ______________________________

____

____

____

Referral by Dr. ______________________________

Phone: ______________________________

- ❑ **Dr. Kimberly K. Melegari**
- ❑ **Dr. Ashley Coulter**

PLEASE BRING THIS REFERRAL SLIP TO YOUR APPOINTMENT

Signature
ENDODONTICS

24911 Little Mack Avenue, Suite B
St. Clair Shores, MI 48080
(586) 863-1336
Fax: (586) 863-1499
www.signatureendomi.com