



WINNETKA

ENDODONTICS

REFERRAL SLIP

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Date _____

Introducing _____

Referred by Dr. _____

TOOTH

| | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

COMPOSITE CORE BUILD-UP YES NO (please circle)

POST ROOM YES NO (please circle)

REMARKS _____

PATIENTS, PLEASE BRING THE FOLLOWING:

1. This referral slip.
2. Names of any medications you are taking.
The names are usually printed on the prescription bottle.
3. Your dental insurance card (if applicable).

WEBSITE



Payment is expected at the time of service.



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DIRECTIONS

