



REFERRAL FORM

Patient's Name: _____ Date: _____

Patient's Phone Number: _____

Referred by Dr. _____ without radiograph
 with current radiograph
 radiograph emailed

FOR:

- Consultation and subsequent treatment as needed (tooth # _____)
- Treatment (tooth # _____)

CHIEF COMPLAINT:

- None
- Temperature
- Biting Pain
- Other: _____
- Percussion Pain
- Spontaneous Pain
- Swelling

DENTAL HISTORY OF THIS TOOTH/AREA:

- Restoration most recently placed on date: _____
- Previous complaints in this tooth/area: _____
- _____
- Trauma to this tooth/area on date: _____
- Previous endodontic treatment in this tooth/area on this date: _____

TREATMENT PROVIDED FOR THIS TOOTH:

- None
- Chamber Opened
- Canal(s) Instrumented
- Prescription(s): _____

IF THIS TOOTH HAS A CROWN, DO YOU PLAN TO REPLACE IT?

- Yes
- No
- Maybe

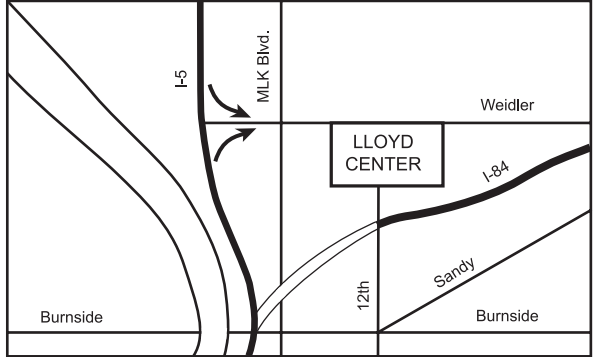
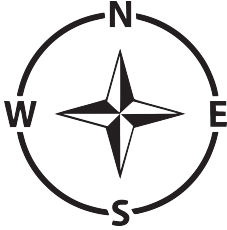
AFTER RCT, RESTORE ACCESS WITH:

- Leave Post Space
- Temporary:
- Eugenol
- Non-Eugenol
- Permanent

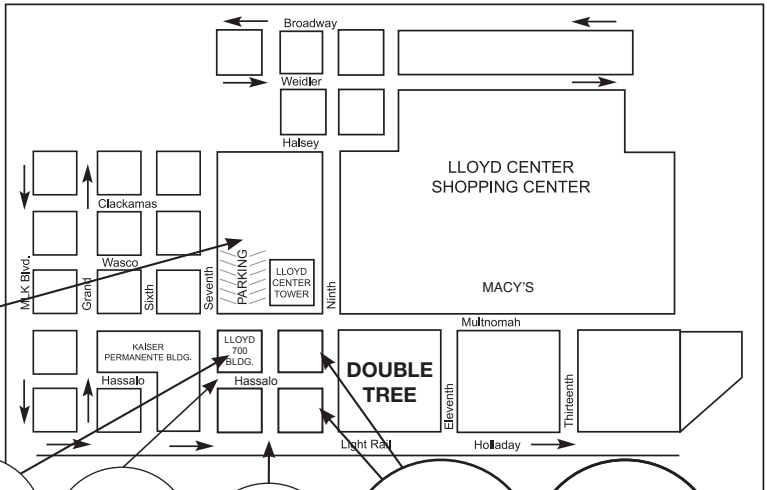
COMMENTS: _____

APPOINTMENT SCHEDULED FOR:

Day: _____ Date: _____ Time: _____



Street level parking.
We validate.



WE ARE HERE!
Suite #880

NE 7th & Holladay stop,
Portland Streetcar

NE 7th **MAX** stop is just south of our building

PARKING
(underground) entrances.

We validate.
Follow signs to Lloyd 700 Bldg

Directions off of I-5 North or South:

1. Take Coliseum Exit 302A toward Rose Quarter/City Center
2. Turn (east) onto NE Weidler
3. Turn right onto NE 9th Avenue
4. Turn into underground parking just past Multnomah Street

Directions off of I-84 West:

1. Take Lloyd Blvd, Exit 1
2. Merge onto NE Lloyd Blvd
3. Turn right onto NE 9th Avenue
4. Turn left into underground parking just past MAX tracks