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**COLUMBUS**  
ENDODONTICS

# PATIENT REFERRAL

**TJ Lucas, DMD, PhD**  
Endodontist

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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

### REASON FOR REFERRAL/FINDINGS:

- Consultation Only  Tooth Opened for Drainage  Please Seal Access Opening
- Definite Treatment  X-ray Revealed Radiolucency  Evaluate for Retreatment
- Pulp Was Exposed  Please Provide Post Space  History of Pulp Exposure or Near Exposure

Notes: \_\_\_\_\_

 706-222-7799

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