

Today's Date: _____

Name: _____ DOB: _____

Phone: _____ Address: _____

Referred by: _____ Doctor's phone: _____

PLEASE MARK TEETH TO BE TREATED

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	2
RIGHT															LEFT		
4	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RADIOGRAPH

- Mailed Emailed With Patient

TOOTH STATUS

- Recent Restoration Deep Caries or Pulpal Exposure
 Pulpotomy or Pulpectomy Initiated Previous Endodontic Treatment/Surgery
 Traumatic Injury Suspected Fracture

TREATMENT DESIRED

- Consultation Root Canal Therapy Re-treatment Apical Surgery
 Other/or Special Instructions:

RESTORATIVE INSTRUCTIONS

- Temporary Restoration Post Space Requested Place Core Build Up
 Any Requests:

ADDITIONAL COMMENTS

- Patient requires prophylactic medication Patient requires nitrous oxide
 Patient requires oral sedation Medical history or medications:

LOCATION



543 Queen Street East Toronto, Ontario M5A 1V1

Free parking onsite. Street car stop at Queen Street E at River Street.

INFORMATION FOR PATIENTS

Date of Appointment: _____

Time of Appointment: _____

PLEASE BRING TO YOUR APPOINTMENT:

- This referral slip
- Information to complete medical history
- Name and dose of medication

You can complete patient forms online in advance
and read about what to expect at

www.riverstreetendo.ca

Please contact us if you have any questions.

416-868-4697 info@riverstreetendo.ca