

PATIENT INFORMATION

Patient name: _____

Referring Dr: _____

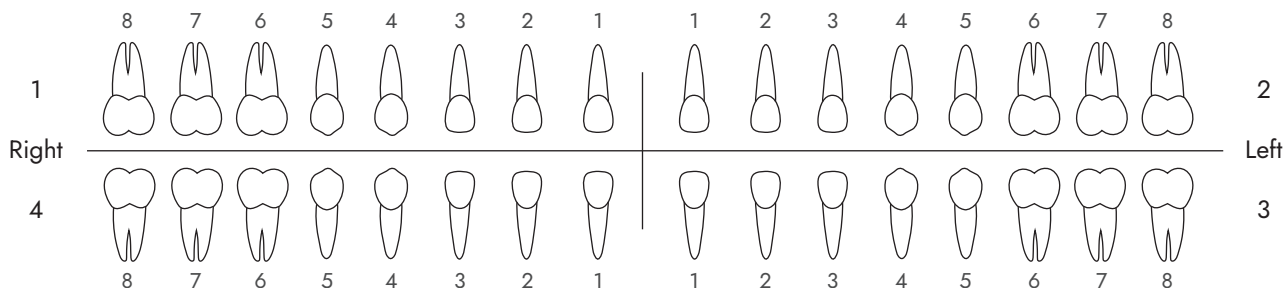
Today's date: _____

Patient phone: _____

Referring office: _____

TOOTH / TEETH TO BE ASSESSED

Please circle the tooth/teeth to be assessed and/or treated:



REFERRED FOR

CONSULTATION:

- ☐ Consultation and treatment as indicated
- ☐ Consultation
- ☐ CBCT only
- ☐ Cracked tooth assessment
- ☐ Resorption

TREATMENT REQUESTED:

- ☐ Root canal treatment
- ☐ Retreatment
- ☐ Apicoectomy
- ☐ Pre-prosthetic endodontics
- ☐ Other: _____

CLINICAL STATUS:

- ☐ Patient has pain
- ☐ Patient has swelling
- ☐ Trauma
- ☐ Endodontic treatment initiated
- ☐ Urgent/emergency

CLINICAL NOTES:

RADIOGRAPHS / MATERIALS

- ☐ Radiograph emailed
- ☐ Radiograph uploaded with online referral
- ☐ Radiograph sent with patient

Post space requested: ☐ Yes ☐ No

Antibiotic prescribed: _____

APPOINTMENT INFORMATION

- ☐ Please contact the patient to arrange an appointment
- ☐ Patient will contact your office
- ☐ Appointment already scheduled

Date: _____ Time: _____

Analgesic prescribed: _____

WHY REFER TO LAMBETH ENDODONTICS?

- ✓ Microscope-enhanced endodontic treatment.
- ✓ Compassionate, patient-centered care.
- ✓ Small field-of-view CBCT imaging.
- ✓ Emergency appointments available.
- ✓ Advanced endodontic technology.

SCAN TO REFER A PATIENT

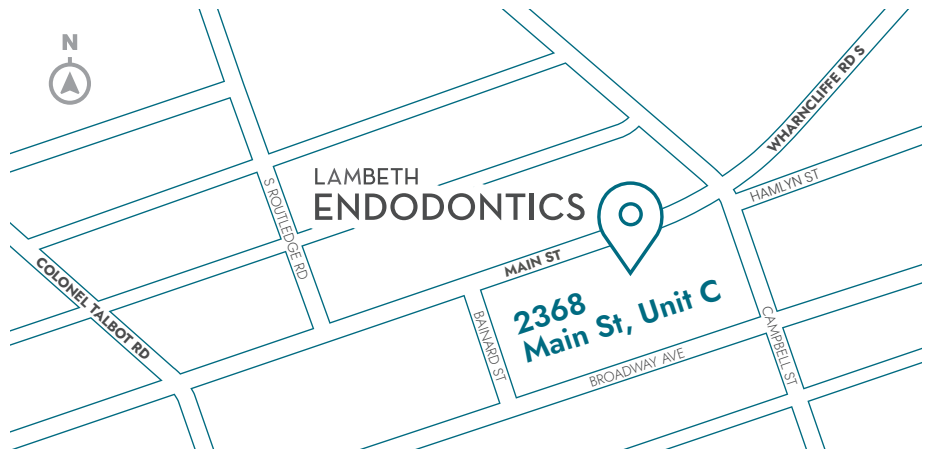
- ONLINE REFERRAL
- PATIENT REGISTRATION
- WEBSITE



LAMBETH
ENDODONTICS
SPECIALIZED CARE. LASTING RELIEF.

Specialized endodontic care delivered in a comfortable, welcoming and patient-focused environment.

**THANK YOU
FOR YOUR TRUST
AND REFERRALS.**



We are located on Main Street between Wharncliffe Road South and Colonel Talbot Road. Please enter the driveway beside the building. **Patient parking and office entrance are located at the rear.**

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