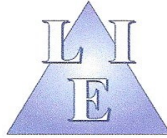


PATIENT REFERRAL FORM

Long Island Endodontics

John L. Santopolo, DDS, MScD • Shandy Treff, DDS • Philip Zimring, DMD

141 Franklin Place, C
Woodmere, NY 11598
516 374-3663
F: 516 374-4064

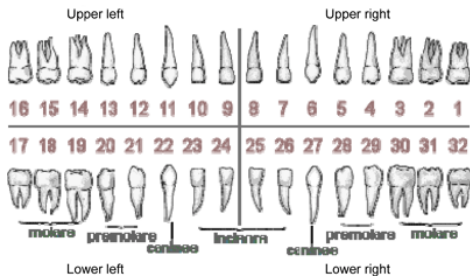


31 Merrick Avenue
Merrick, NY 11566
516 379-6599
F: 516 379-6730

Patient Name: _____

For Endodontic consideration of the following tooth/teeth: _____

Appointment on: _____ at: _____ o'clock



Status:

- Pulp exposed
- Tooth is Open for drainage
- Patient has discomfort, please evaluate
- Radiographic findings present
- Bridge is cemented
 - Temporarily
 - Permanently

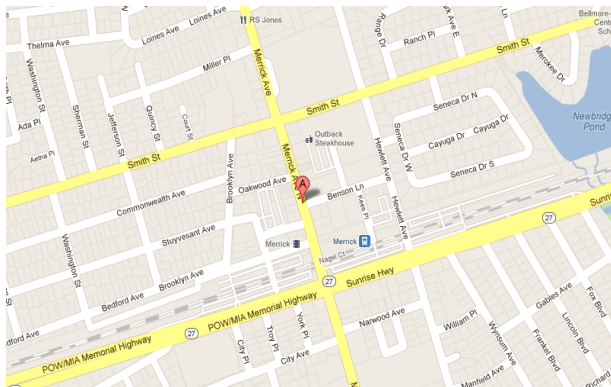
Remarks: _____

Post Space Required

- Yes
- No

Doctor's Signature: _____

Merrick Map



Woodmere Map

