

Dr. Domenic Delle Donne · Dr Nhan James H. Ngo

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· /		,
Date of refer	ral	
This is to inti	roduce	D.C. A.W.
	Patient's Name	
For endodontic examination of		tooth/area
R	18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28 L
	48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38
Please evalu	ate for:	
Non	n-surgical root canal therapy	
Retr	reatment of previous root canal th	nerapy
Surg	gical treatment	
Recent Radio	ograph provided Yes	No
Post space	Yes No	
The patient l	has been prescribed	
Antibiotics		
An	algesics / Anti-inflammatory _	
The patient i	may be interested in Sedation	
Ora	l I.V. General	I
General info	rmation	
Crown / Crown and Bridge is cemented Temporarily Permanently		
Rec	ent Restoration Placed	Recent Dental Cleaning
Nev	v Patient	Patient has not had regular dental care
Comments: _		
Signed: Dr.		