



Central New England
endodontics & implantology

Roger P. Desilets, D.D.S.
Dennis M. Byrne, D.M.D., M.S.
Nicholas J. Manzoli, D.M.D., M.S.E.
Michael P. Russo, D.M.D., M.S.D.

Date _____

This is to introduce _____

Referred by Dr. _____

Appointment date _____ Time _____

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

TOOTH NUMBER _____

Treatment:

- Endodontic Consultation
- Implant Consultation
- Endodontic Therapy

Restore tooth with:

- Post Build-up with _____ (material)
- Core Build-up
- Leave post space
- Fill canals completely

Diagnostic tests/Results? _____

Is antibiotic pre-medication necessary? _____

Is anti-anxiety pre-medication necessary? _____

Special considerations _____

Comments: _____

Thank you very much for referring this patient to us.

67 Highland Street
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(508)791-5529
(888)768-ROOT
FAX (508)791-4546

100 Whalon Street
Fitchburg, MA 01420
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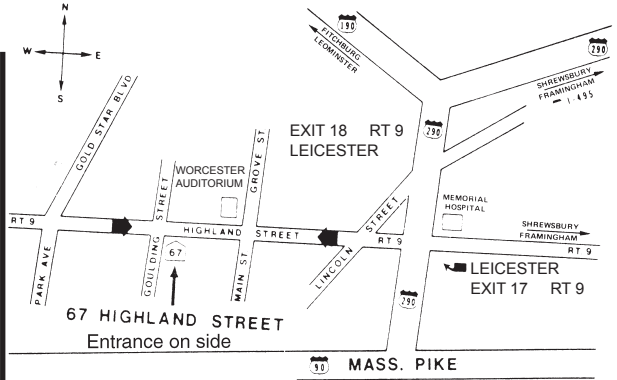
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Worcester

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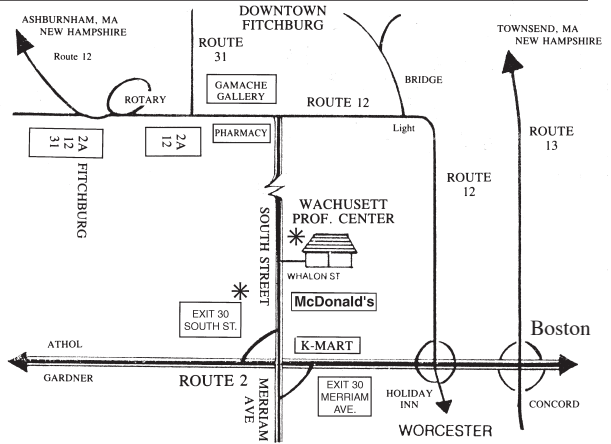
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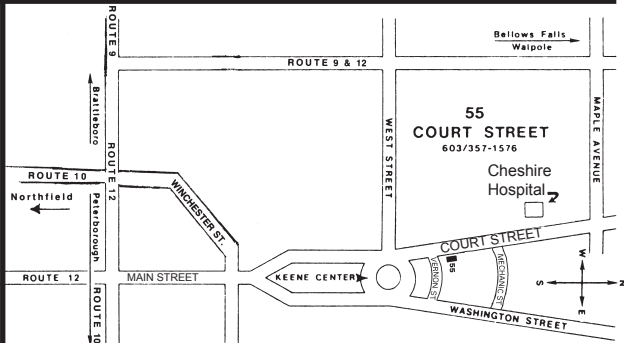
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