LSU Health NEW ORLEANS

LSU SCHOOL OF DENTISTRY -- DEPARTMENT OF ENDODONTICS

Phone: 504 - 941 - 8402 **Fax: 504 - 941 - 8400** **email: endodontics@lsuhsc.edu**

1100 Florida Avenue, New Orleans LA 70119

REFERRAL TO LSU ENDODONTICS CLINIC

Date: _____

REFERRING DOCTOR INFO

Name: _____

Contact: **Phone:** _____ **e-mail:** _____

PATIENT INFO

Name: _____ **DOB:** _____ **Parent or guardian name:** _____

Contact: **Phone:** _____ **e-mail:** _____

TOOTH # (circle)

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

DIAGNOSIS

☐ **Pulpal:** _____ ☐ **Apical:** _____

☐ **Tooth is deemed to be restorable**

☐ **Other info:** _____

_____

TREATMENT REQUESTED

☐ **Root canal therapy**

☐ **Other:** _____