Exeter Endodontics

Eric L.Gotlieb, DDS, MS

Exeter Executive Park
19 Hampton Road
Building B, Unit 9
Exeter NH 03833
(603) 775-7775
(603) 775-7789 Fax

www.exeterendo.com

Patient Referral

(see map on back for directions)

ALL PATIENTS: Please bring a list of the medications you are currently taking along with this form to your appointment. You may complete the registration paperwork by visiting our website at ***www.exeterendo.com***

*****DO NOT TAKE ANY PAIN MEDICATION 12 HOURS PRIOR TO APPOINTMENT.***

Introducing: _____ DOB: _____ Phone # :(_____) _____

Mailing Address:_____City_____State_____Zip_____

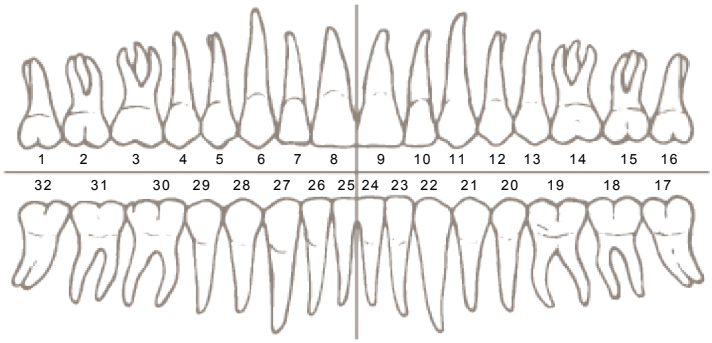
Dental Insurance Carrier: _____ Subscriber ID #:_____

☐ LATEX ALLERGY

Appointment on: _____ @ _____am/pm.

- Periapical radiographs may be e-mailed to office@exeterendo.com in jpeg. format, if this is not an option for your office we will obtain an x-ray at no charge to your patient.

(Please circle the appropriate tooth)



PLEASE EVALUATE:

- ☐ Cracked Tooth / Fracture
- ☐ Radiolucency
- ☐ Previous Root Canal
- ☐ Apicoectomy
- ☐ Root Canal
- ☐ Post-space
- ☐ Other:_____

REMARKS: _____

_____

_____

Referring Dentist's Signature:_____ Telephone:_____