PROGRESSIVE ENDODONTICS

Harp Deol, DDS, MMSc
John Bhambra, DMD

Dentist Referral Form

Referred by

Date (DD/MM/YYYY)

To
- ☐ Dr. Deol • Geneseo
- ☐ Dr. Deol • Pittsford
- ☐ Dr. Bhambra • Greece

Patient Name

Patient Phone ☐ Home ☐ Mobile ☐ Work

Date of Appointment

Time ☐ am ☐ pm

Tooth/area to evaluate

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

Please Provide

- ☐ Consultation & Diagosis
- ☐ Root Canal Treatment
- ☐ Retreatment
- ☐ Apicoectomy
- ☐ Leave Post Space
- ☐ Remove Post

Clinical History

- ☐ Pain or Swelling
- ☐ History of Pulp Exposure/Trauma
- ☐ Possible Cracked Tooth
- ☐ History of Previous Treatment

Additional Requirements

- ☐ The patient requires antibiotic prophylaxis
- ☐ Please send additional referral cards

Comments & considerations

IMPORTANT! Please do not take any pain medications prior to appointment

Please bring this form with you to your appointment. Fees and/or dental insurance co-payment are due at the time of service. Minors must be accompanied by a parent or guardian.

Greece
105 Canal Landing Blvd., Ste. 10
Rochester, NY 14626
(585) 723-3636

Geneseo
4396 Lakeville Rd.
Geneseo, NY 14454
(585) 248-3636 (ENDO)

Pittsford
151 Sully's Trail, Suite 2
Pittsford, NY 14534
(585) 248-3636 (ENDO)

www.progendospecs.com