



# NORTHWOOD ENDODONTICS

**Kade Bartschi, DDS**, Endodontist

INTRODUCING \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DOB \_\_\_\_\_

REFERRING DENTIST \_\_\_\_\_

REFERRING PRACTICE \_\_\_\_\_ DATE \_\_\_\_\_

## REASON FOR REFERRAL

- Consultation/ Evaluation    Tooth Number \_\_\_\_\_
- Pain/ Discomfort                       Root Canal Therapy                       Apicoectomy
- Trauma                                       Retreatment                                       Pulp Exposure
- Previously Opened                       Periapical Pathosis                       Resorption

Specialist to place build-up?                       Yes     No

Specialist to place post and core?                       Yes     No

Specialists to leave post space?                       Yes     No

Images available?     BW     PA     CBCT

Other/ Comments \_\_\_\_\_

\_\_\_\_\_

Please Send Radiographs to [office@NorthwoodEndo.com](mailto:office@NorthwoodEndo.com)



### Northwood Endodontics

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