



# Chattanooga Endodontics

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Appointment Date & Time: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Tooth/Teeth #s \_\_\_\_\_

Previous Endodontic Treatment Y / N

### Referring For:

- Evaluation ONLY (endodontic treatment at a separate visit)
- Evaluation AND treatment in the same visit
- Prepare post space Y / N

### When treatment is complete, please:

- Place temporary restoration
- Place post/buildup as needed
- Prepare post space

### REQUESTS

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**Referring offices, please email referral and x-rays to  
[ChattEndodontics@gmail.com](mailto:ChattEndodontics@gmail.com)**