



Mary Ann J. Bunczak, DDS MS
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Referring Dr: Please email a copy of the referral slip to: info@forestlake-endo.com

Date _____

Introducing _____
for endodontic consideration.

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

Referred by Dr. _____

Phone _____

Comments _____

Reason for Referral:

- Radiolucency
- Patient has had a previous RCT
- Pain is of undetermined origin
- Endodontic consultation ONLY
- CBCT
- Gentlewave
- RCT has been initiated; please complete treatment
- Swelling
- Other _____

Planned Restoration for this Tooth:

- Composite
- Post/crown
- Build-up/crown

Would you like us to:

Create Post Space? Y N

Fill Access with Composite? Y N

Police

Forest Lake City Hall

True North Oral Surgery and Implants

Thrifty White Pharmacy

Dollar Tree

Anoka Hennepin Credit Union

Forest Lake 5 Theatre

Holiday

MidWest One Bank

Moto Mart

Lake St S / Hwy 61

Lake St S / Hwy 61

Forest Lake Endodontics
1420 Lake Street S, #200
Forest Lake, MN 55025
(Located within True North Oral Surgery and Implants)

The Dead End Hayride

Wyoming

Forest Lake

Columbus

Running Aces Casino & Racetrack

Hardwood Creek WMA

Scandia

Forest Lake

FOREST LAKE ENDODONTICS

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