

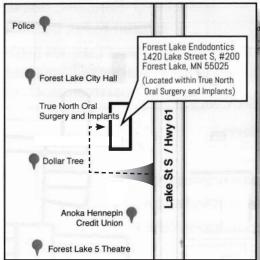
Dr. Mary Ann J. Bunczak, DDS MS Dr. Linda Liu DDS, MS

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Referring Dr: Please email a copy of the referral slip to: info@forestlake-endo.com

Date	Reason for Referral:
Introducing for endodontic consideration.	☐ Radiolucency☐ Patient has had a previous RCT☐ Pain is of undetermined origin
R 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	☐ Endodontic consultation ONLY ☐ CBCT
Referred by Dr.	☐ Gentlewave
Phone	☐ RCT has been initiated; please complete treatment☐ Swelling
Comments	☐ Other
	Select Access Closure:
	☐ Composite/Build-up ☐ Temporary
	☐ Create post space
	☐ Other:



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