

# PREMIER ENDODONTIC ASSOCIATES

www.premierendoassociates.com

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Brian S. Wardell, D.M.D.  
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Victoria Ra, D.D.S.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Appointment Information

Right																	Left
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		

For Endodontic Therapy

For Consultation

For Retreatment

CBCT

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Post Room:** Yes \_\_\_ No \_\_\_

X-rays attached

X-rays emailed ( info@pendoh.com )

Referred By Dr. \_\_\_\_\_ Tel. No: \_\_\_\_\_

Please have this referral slip available when  
scheduling and at the time of the appointment.