o'trafford
dental specialists

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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Date _____

Tooth # _____

Introducing: _____

Referred by Dr. _____

Dental Office Name/Phone No./Email: _____

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Dr. Kathleen Molgaard, Endodontist

- ☐ Endodontic Exam/Consultation Only
- ☐ Emergency Endodontic Care
- ☐ Root Canal Therapy
- ☐ Root Canal Treatment
- ☐ Surgical Treatment (Apico)
- ☐ Internal Bleaching
- ☐ Post Removal
- ☐ Leave Post Space

Remarks: _____

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Dr. Amir M Mahoozi, Periodontist
Dr. Campo Perez, Periodontist

- ☐ Comprenensive Periodontal Evaluation
- ☐ Esthetic Recontouring of Anterior Gingiva
- ☐ Crown Lengthening
- ☐ Gingivectomy or Gingivoplasty
- ☐ Frenectomy
- ☐ Soft Tissue Grafting
- ☐ Biopsy
- ☐ Extraction
- ☐ Dental Implants
- ☐ Ridge Augmentation or Pre-Prosthetic Surgery

Remarks: _____

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Radiographs: ☐ None Available ☐ Will Send

In addition, we kindly ask the referring office to send a copy of this slip and any relevant radiographs to our HIPPA compliant email info@otrafforddental.com before giving this to the patient.