## APEX ENDODONTICS PLLC.

Patient Name



Poforred Date

Dr. Shawn Jordan Dr. Cynthia Czaperacker Dr. Mariel Webber Dr. Matthew Fenigstein Dr. Jason Setlock



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(See reverse for map)

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ae	american association of endodontists

i attent Name.			Referred Date	
Tooth Number(s) or Area of Interest:				
	Appointment Requested: Check all that ap	ply	Condition:	
	Treatment & Consultation (send x-ray)	. ,	Previous Endo	
	Consultation Only	(If knov	If known, year of prev. endo:)	
	3D scan / CBCT	· 🗆	Fracture	
	Leave Post Space		Resorption	
	Gentlewave Procedure		Pain, Swelling, Symptomatic	
	l Sedation (Nitrous, Oral & IV)			
	Urgent Scheduling (call for same day)			
Rei	marks/Condition:			
Ref	ferring Doctor:			

THIS REFERRAL CARD MUST BE BROUGHT TO YOUR APPOINTMENT Or sent to our office ahead of your visit with a recent x-ray.

Turn this card over for directions and additional information about our office. We look forward to meeting you!

