



Coastal Endodontics

Kimberly S. Long, D.D.S., P.A.

FAX Referral Sheet

3118 N. Croatan Hwy, #102

Kill Devil Hills, NC 27948

FAX: 252-480-2258

Phone: 252-480-6646

Patient _____ Pt. Phone _____

Referred by Dr. _____ Date _____

Appointment: Day _____ Date _____ Time _____

Minors must be accompanied by parent or guardian.

Please circle the tooth/teeth to be examined:

Molars			Premolars		Anteriors						Premolars		Molars		
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

Referred for Consult

- Vague toothache symptoms
- Suspicious apical radiolucency
- Pulp status prior to crown
- Apical surgery
- Retreatment

Referred for Root Canal Therapy

- Pulp exposure
- Symptoms indicate need
- X-ray reveals need
- RCT needed for restoration
- Post space required

Comments _____

Patient will be instructed to return to referring dentist for final restoration.

Thank you for the referral!