



**Henry M. Wright, Jr.**  
— DDS, PA —  
**PRACTICE LIMITED TO ENDODONTICS**

**REFERRAL INFORMATION**

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Tooth# \_\_\_\_\_

**STATUS**

- Asymptomatic
- Symptomatic
- Exposed Pulp
- Periapical Lesion
- Pulpotomy/Pulpectomy Performed
- Root Canal Tx. Attempted
- Previous RCT

**TREATMENT DESIRED**

- Evaluation Only
- Nonsurgical RCT
- Retreatment
- Surgical RCT
- Post Space Preparation

**RESTORED ACCESS WITH:**

- Temporary
- Composite
- Amalgam

Comments \_\_\_\_\_  
\_\_\_\_\_

**Appointment Scheduled for:**

Date \_\_\_\_\_ Time \_\_\_\_\_