



**Forest Hill
ENDODONTICS**

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Diplomate, American Board of Endodontics



Practice Limited to Endodontics

2904 Old Forest Rd.
Lynchburg, Va 24501
Office Hours by Appointment

office (434)-439-4942
fax (434)-439-4936
foresthillendo.com

Date of Referral: _____

Patient's Name: _____ Phone: _____

Referring Doctor: _____ Patient's DOB: _____

Appointment Date: _____ Time: _____

For the endodontic consideration of the following:

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

Desired Treatment:

- Evaluation Only
- Root Canal Treatment
- Root Canal Treatment necessary for restorative reasons
- Evaluate for Retreatment
- Evaluate for Surgery

Restorative Comments:

- Restore Tooth
- Prepare Post space
- Place post and core
- Temporary filling only

Dental History/Present Condition:

- Asymptomatic
- Severe Pain/Swelling
- Temperature/Pressure Sensitive
- Previous Root Canal Therapy
- Periapical Radiolucency Evident
- Carious Pulpal Exposure
- Visible Crack or Fracture
- History of Trauma
- Root Canal Initiated

Special Instructions:

- Premedication required
- Send More Referral Slips

Comments: _____

Please email referral to foresthillendo@gmail.com or fax referral to (434)439-4936