Atlantic ENDODONTICS
ROOT CANAL SPECIALISTS

Ann Nicholas, DMD, MS
843.887.1740
atlanticendo.com
nc@atlanticendo.com

PATIENT REFERRAL

Patient Name _____

Patient Phone _____ Patient Email _____

Referred by _____ Doctor Phone _____

Appointment Date/Time _____

Insurance Carrier / ID _____

RIGHT

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

LEFT

Symptoms:

☐ Sensitivity ☐ Suspected Crack ☐ Pulp Exposure

Referred For:

☐ Endodontic Therapy ☐ RCT for Restorative ☐ Retreatment

☐ Consultation ☐ CBCT

Restorative Treatment Plan: _____

Please Provide:

☐ Temporary Restoration ☐ Core Buildup

☐ Composite Restoration ☐ Post Space

Comments: _____

6335-B Dorchester Rd | North Charleston, SC 29418