



# RENAISSANCE ENDODONTICS, PLLC

Todd V. Ester, DDS • Brad G. Griffin, DDS

*"Delivering professional endodontic services with a commitment to our patients in Detroit, Ypsilanti & Surrounding Communities."*

## Southfield Location

Advance Building  
23077 Greenfield Rd., Suite 285  
Southfield, MI 48075  
T: 248.395.9800 F: 248.395.9778

## Ann Arbor Location

3250 Plymouth Rd., Suite 101  
Ann Arbor, MI 48105  
T: 734.332.9800 F: 734.332.9889

Introducing: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

PLEASE EVALUATE AND TREAT

PLEASE EVALUATE ONLY

### TO BE FILLED IN BY DENTIST

Patient is having pain, swelling, biting, and pressure sensitivity

Radiograph revealed radiolucency

Pulp was exposed

Prior endodontic treatment appears to be failing

Endodontic treatment has been initiated

Implant Consultation

Endodontic treatment for restorative purposes

Evaluation for possible surgery

Prepare Post Space

Patient needs antibiotic pre-medication

Please call me

Radiograph enclosed:  Yes  No

CIRCLE TEETH FOR ENDODONTIC CONSIDERATION

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

## PATIENT INFORMATION

• **Please bring this referral slip to your appointment.**

• You will be returning to your family dentist for final restoration of your tooth after our treatment.

• If you require PRE-MEDICATION for heart murmur, hip replacement, joint replacement or other conditions, please notify us prior to your appointment.

• If you are using dental insurance, please bring the information with you.

• This time is reserved especially for you. If by necessity, you must cancel your appointment, please contact us at least 24 hours in advance.

### For more information:

(248) 395-9800

(734) 332-9800

or

[www.renendo.com](http://www.renendo.com)

PLEASE SEE REVERSE SIDE  
FOR MAPS TO OUR OFFICE





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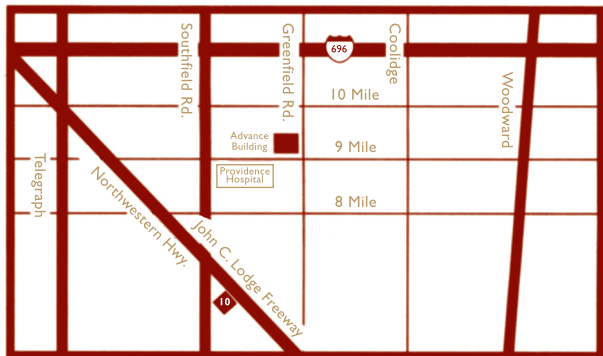
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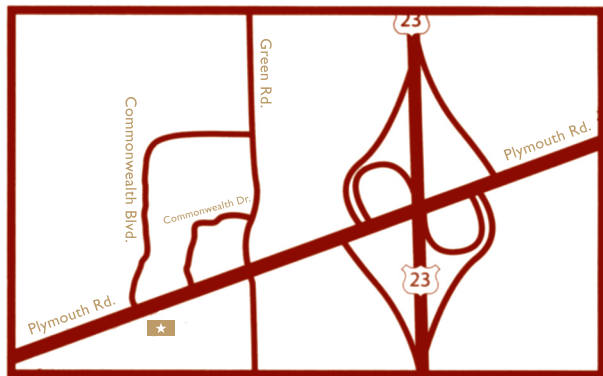
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