



RENAISSANCE ENDODONTICS, PLLC

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

*"Delivering professional endodontic services
with a commitment to our patients in the
Detroit and Greater Detroit Communities"*

Advance Building

23077 Greenfield Rd.

Suite 285

Southfield, Michigan 48075

Phone: 248.395.9800

Fax: 248.395.9778

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

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 notify us at least 24 hours in advance.

For more information:

(248) 395-9800

or

www.renendo.com

PLEASE SEE REVERSE SIDE
FOR MAPS TO OUR OFFICE





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