

# Hart Endodontics Referral Form

Dr. Sean P. Hart, D.D.S., M.S.D., P.C.  
1533 Kossuth St. Lafayette, IN 47905  
Phone: 765•742•8792

Introducing: \_\_\_\_\_

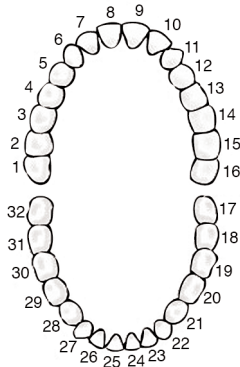
Referred By: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

## Reason for Referral

- One or more teeth are causing pain, sensitivity or swelling
- A pulp exposure has occurred
- Root canal treatment has been started
- Interceptive Endodontics
- Radiograph reveals radiolucency
- Radiograph reveals caries approximating or involving pulp chamber
- Evaluation for retreatment or periapical surgery
- Please call me if the patient needs an extraction
- Post space requested

Please choose the tooth or teeth for consideration.



comments \_\_\_\_\_  
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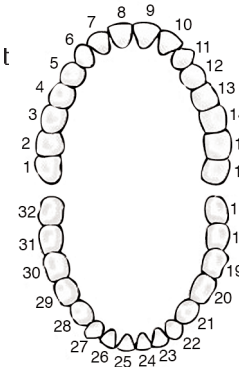
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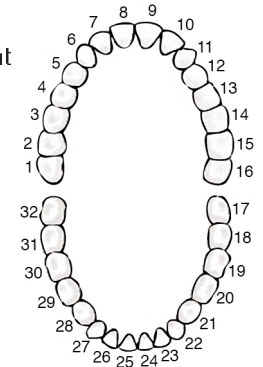
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