



RITTER ENDODONTICS

PRACTICE LIMITED TO ENDODONTICS

Alessandra L.S. Ritter, DDS, MS, PA

Lisiane Susin, DDS

Referring Dr.: _____ Phone# _____

Date: _____ Email: _____

Patient: _____ Phone# _____

Tooth number: _____ Email: _____

Please call for more information X-ray included? Yes No

Referral Info:
(check all that apply)

- evaluate for RCT
- retreatment
- elective RCT

- internal bleaching
- apicoectomy
- root amputation

- access through crown
- remove crown

Restore access with:
(check all that apply)

- Teflon pellet
- composite

- temp-it
- core buildup

If tooth is non-restorable:

- return to my office or
- refer to Oral Surgeon for extraction

Specific Instructions:

Patient: bring this referral card with you for your appointment

see back for map

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