RITTERENDODONTICS

Alessandra L.S. Ritter, DDS, MS, and Associates
Practice Limited to Endodontics

Referring Dr.: Phone #:

Date: E-mail:

Patient: Phone #:

Tooth number: E-mail:

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

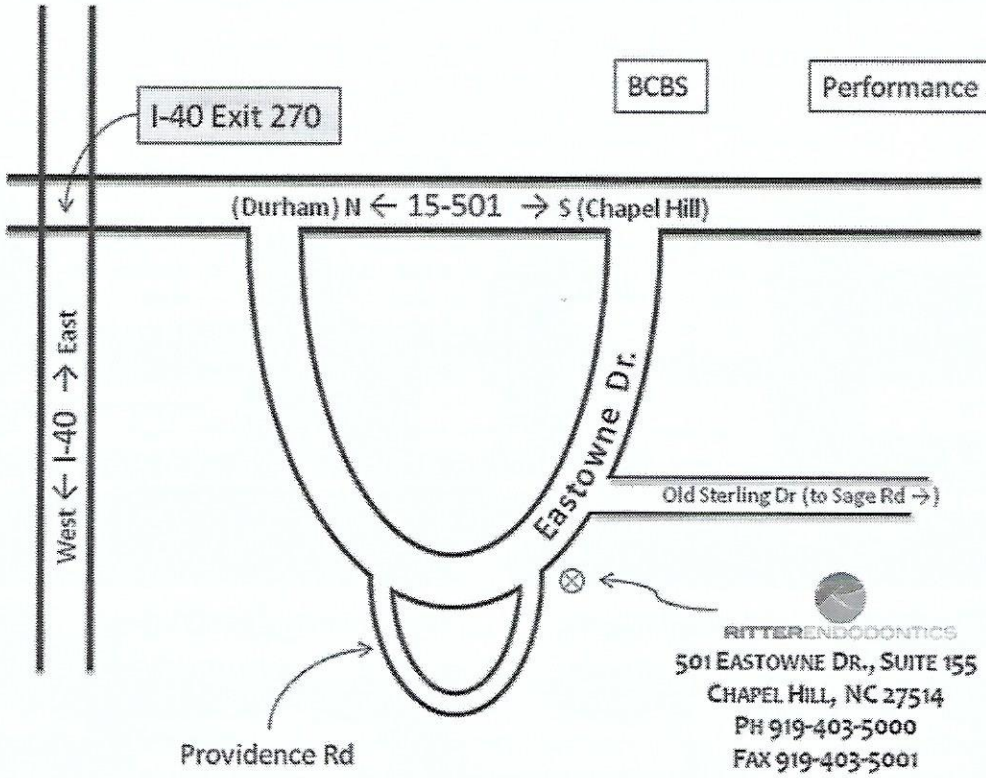
Referral info: (check all that apply)	❑ evaluate for RCT	❑ apicoectomy	❑ access through crown
	❑ suspected crack	❑ apexification	❑ remove crown
	❑ extensive decay	❑ retreatment	❑ internal bleaching
	❑ elective RCT	❑ remove file	❑ root amputation
	❑ irreversible pulpitis	❑ remove post	❑ hemi section
	❑ necrotic pulp		
Restore access with: (check all that apply)	❑ cotton pellet	❑ IRM	If tooth is non-restorable:
	❑ composite	❑ Fuji IX	❑ return to my office or
	❑ amalgam	❑ Cavit	❑ refer to Oral Surgeon for extraction
	❑ other:		

Additional info:

Patient: bring this referral card with you for your appointment

501 Eastowne Drive, Suite 155, Chapel Hill NC
Phone: 919-403-5000 FAX: 919-403-5001
www.ritterendo.com
info@ritterendo.com

see back for map



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