ENDODONTICS

OAKBROOK NAPERVILLE PLAINFIELD

O ENDODONTICS
James F. Gianakakis, D.D.S., M.S.
Mark S. Palo, D.D.S., M.S.
Vince A. Penesis, D.D.S.
Benjamin J. Schwabe, D.D.S.
Jordan R. Simonovich, D.M.D., M.S.

O PERIODONTICS
Ryan D. Johnson, D.M.D., M.S.D.

Introducing: _____ **Date:** _____

Patient Phone: _____ **Patient Email:** _____

TOOTH NUMBER:

RIGHT—	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16 — LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

REASON FOR REFERRAL:

ENDODONTICS
- O Root Canal Therapy
- O Endodontic Consultation
- O Retreatment
- O Periapical Surgery
- O Vital Pulp Therapy
- O Apexification
- O Post Space
- O Post Removal

PERIODONTICS
- O Extraction (Mark teeth)
- O Socket Preservation
- O Implant placement
- O Sinus Augmentation
- O Ridge Augmentation
- O Pre-prosthetic Surgery
- O All-On-X
- O Periodontal Disease
- O Peri-implant Disease
- O Gingival Recession
- O Crown Lengthening
- O Biopsy
- O Other

COMMENTS:

_____

_____

REFERRING DENTIST:

Referring Doctor Name: _____ **Phone:** _____

O Patient Will Call to Schedule **O Please Call Patient to Schedule**

Scan code to access our online referral form at **illinoisendo.com**