

Pierre Wohlgemuth, D.D.S.

Endodontic Referral Form:

Introducing:

Date:

Referring Doctor:

Tel. No.

Email:

Referred for the following:

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

Evaluation Only

Post Space

Root Canal Therapy

Internal Bleaching

Retreatment

Core placement

Endodontic surgery

Other ...

Please send the referral form by fax (212-263-6931) or email (dental.facultypractice@nyu.edu)

Thank you for referring your patients to the Dental Faculty Practice North