HORIZON
ENDODONTICS

DANIEL J. BARTLING, DDS

Board Certified Endodontist

Date of Referral _____

Patient Name _____ Referring Provider _____

Patient Phone/Email _____ Patient Date of Birth _____

Dental History: **Check all that apply**

- ☐ Caries/Pulp Exposure Suspected
- ☐ Fracture Suspected
- ☐ Recent Restoration: *Date* _____
- ☐ Trauma Suspected
- ☐ Resorption Suspected
- ☐ Previous Endo Tx: *Date* _____

Evaluate for the Following:

- ☐ Initial Root Canal Therapy
- ☐ Consultation and Diagnosis Only
- ☐ Retreatment
- ☐ Apical Surgery

Restorative Preferences:

- ☐ Temporary Restoration
- ☐ Place Access Restoration
- ☐ Place Core Build-up
- ☐ Prepare Post Space

Other Helpful Information: _____

_____

_____

☐ **Radiographs Available:** **Please email to* office@horizonendo.com

☐ Will Email ☐ Will Mail ☐ Sent with Patient

PLEASE CIRCLE TEETH OR AREA TO BE EVALUATED

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

☐ **Please Contact To Discuss Case** Phone: _____

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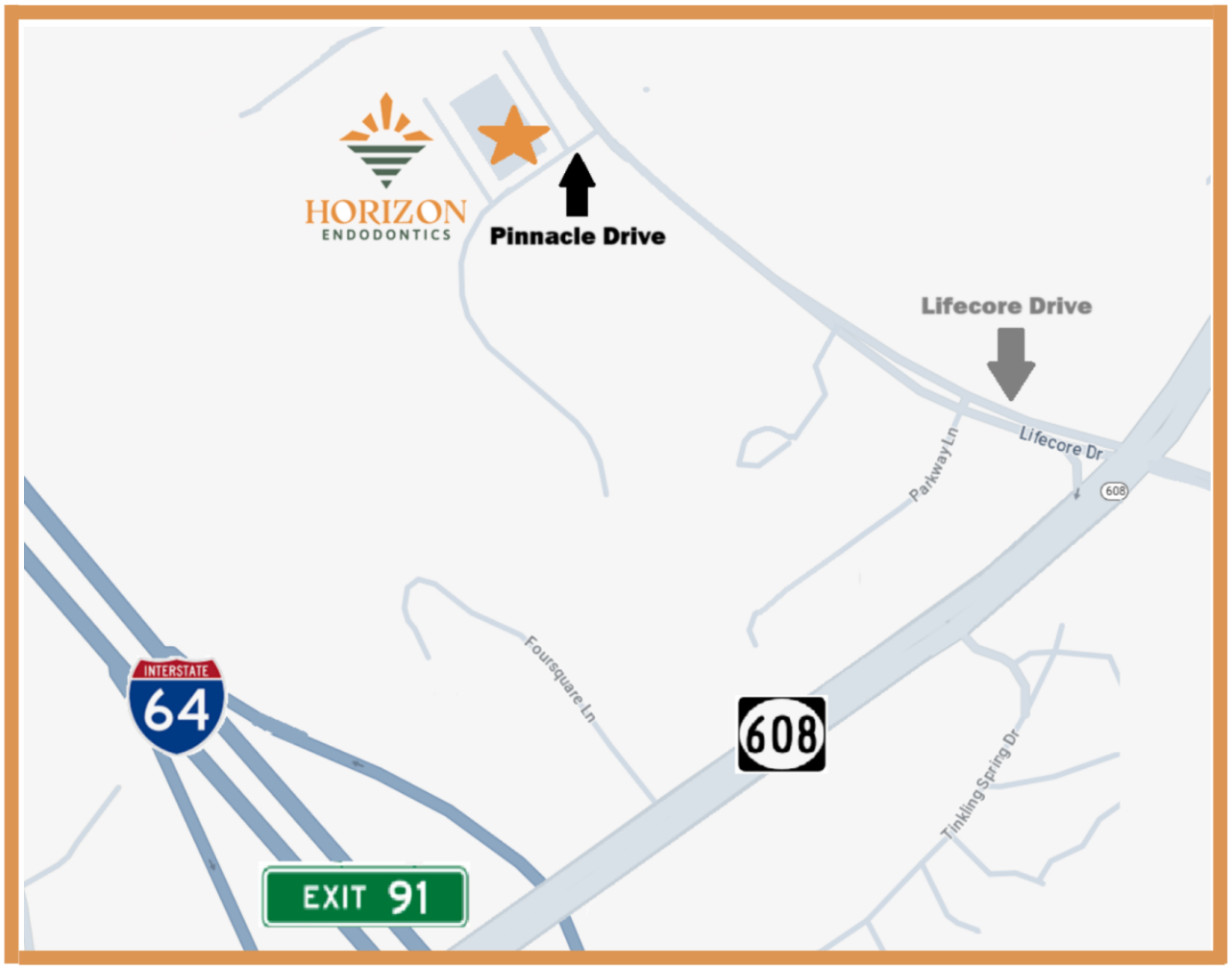
horizon_endo

9 PINNACLE DRIVE SUITE 101
FISHERSVILLE, VA 22939

HORIZON
ENDODONTICS

Appointment Date and Time : _____



Directions from I-64:

Take Exit 91 toward Fishersville. Turn north onto VA-608 (right from Charlottesville, left from Staunton).
At the light, turn left onto Lifecore Drive.
Go 0.3 miles, turn left onto Pinnacle Drive.
Our office is the first on the corner in the upper lot.

9 Pinnacle Drive Suite 101
Fishersville, VA 22939