



HOLLAND ROOT CANAL SPECIALISTS
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This will introduce _____ for endodontic consideration.
 (Patient will return to referring dentists for final restoration.)

Appt. Date _____ Time _____ am/pm

Molars			Bicuspid		Anteriors						Bicuspid		Molars		
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 confirm tooth or area _____

Type of appointment requested

Evaluation

Please check below if applicable

- Vague Symptoms/Toothache
- Retreatment may be necessary
- Root end surgery may be necessary
- Fracture possible
- Resorption possible

Endodontic Treatment

Please check below if applicable

- Symptoms indicate need for endodontic treatment & localized
- Endodontic treatment is necessary for restorative purposes
- Pulp exposure/Pulpotomy
- X-ray shows pulpal/periapical involvement
- Root canal started

Comments _____

Referred By _____
 Signature Date