

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Patient Email: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Appointment Date: \_\_\_\_\_



**Viraj R. Vora DDS, MS, Cert. Endodontics FRCD(C)**

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18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

**Referral Request:**

- Endodontic Consult and Treat as Necessary
- Endodontic Retreatment
- Endodontic Surgery
- Dental Trauma
- Patient has Pain or Swelling
- Tooth Previously Opened

**Requested Coronal Restoration:**

- Bonded Resin Core
- Amalgam Core
- Post Placement
- Other: \_\_\_\_\_

**Other:**

- Antibiotic Prescribed
- Radiographs Enclosed

## Directions:

### Coming from the **North**:

- Head South on the 400 highway
- Exit at Rutherford Rd and head west
- Take the first road on your right, which is 'Vellore Woods Blvd'
- The plaza is located on your immediate left

### Coming from the **South**:

- Head North on the 400 highway
- Exit at Rutherford Rd and head west
- Take the first road on your right, which is 'Vellore Woods Blvd'
- The plaza is located on your immediate left

The nearest intersection is Weston Rd and Rutherford Rd



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