

FOR THE REFERRING DENTIST



- Evan N. Miller, D.D.S., P.A.**
- Stephen C. Wheeler, D.D.S., P.A.**
- Edwin C. Bryson III, D.D.S., P.A.**
Practice Limited to Endodontics

- CHARLOTTE OFFICE**
141 Providence Road, Suite 100
Charlotte, NC 28207
Tel: 704-377-1444 Fax: 704-377-1451
- GASTONIA OFFICE**
1601-A East Garrison Blvd
Gastonia, NC 28054
Tel: 704-864-6701 Fax: 704-864-6702

Referring Dentist: _____

Patient: _____

Appointment Date: _____

Today's Date: _____

Please fill out the following information and fax or email to us prior to your patient's appointment.
This form and any images can be emailed to: info@charlotteendodontics.com

Patient is being referred for:

- Endodontic Exam/Consultation Only (please circle)
 - Cone Beam Scan
 - Endodontic Treatment, # _____
- | | | | | | | | |
|--|----|-----------|-------|-------------------------|-------|----------|----|
| | UR | 1 - 2 - 3 | 4 - 5 | 6 - 7 - 8 - 9 - 10 - 11 | 12-13 | 14-15-16 | UL |
| | LR | 32-31-30 | 29-28 | 27-26-25-24-23-22 | 21-20 | 19-18-17 | LL |

History of Tooth/Area in question:	#	Date	Other Details
<input type="checkbox"/> Crown and Bridge/Fixed Pros			
<input type="checkbox"/> Filling/Restoration			
<input type="checkbox"/> Pulp cap/close proximity to pulp			
<input type="checkbox"/> Pulp exposure			
<input type="checkbox"/> Fracture observed			
<input type="checkbox"/> Bite/Occlusal adjustment			
<input type="checkbox"/> Previous Endodontic Treatment			
<input type="checkbox"/> Endo Attempted/Initiated			
<input type="checkbox"/> Your Examination Findings: _____			

Other Details:

- Provide Post Space
- Temporary/Provisional Restoration
 - Remove Go Through
- Permanent Restoration with temporary cement (remove)
- Access Restoration
 - Cotton/IRM Restore Permanently
- Pre-Med Antibiotics Required
- If yes, please prescribe _____
- Light Sedation Requested? (Consultation Required)



- Please bring a current list of your medications and doctors' phone numbers.
- Please call our office, prior to your appointment, if you have any questions regarding taking antibiotics ("premed") for joint replacement, heart murmurs, heart prosthetics/valves or any other condition.
- Please visit our website at www.CharlotteEndodontics.com to print and complete the forms you need for your appointment.

- CHARLOTTE OFFICE**
141 Providence Road, Suite 100
Charlotte, NC 28207
Tel: 704-377-1444
Fax: 704-377-1451
- GASTONIA OFFICE**
1601-A East Garrison Blvd
Gastonia, NC 28054
Tel: 704-864-6701
Fax: 704-864-6702

CHARLOTTE OFFICE

Directions From I-277 North (John Belk Freeway)

Take exit 2A (Kenilworth/3rd St./4th St.)
Immediately bear left down the 3rd St./4th St. side.
At the traffic light at end of ramp, turn right onto 3rd St. (which becomes Providence Rd.)
The Charlotte Endodontics office will be on your left, in the Uwharrie Bank Mortgage building.

Directions From I-277 South (Brookshire Freeway)

Take exit 2A (3rd St./4th St. exit.)
At the traffic light at end of ramp, turn left onto 4th St.
Go to the next light at McDowell St. and turn left.
Go one block to the next light and turn left onto 3rd St. (which becomes Providence Rd.)
The Charlotte Endodontics office will be on your left, in the Uwharrie Bank Mortgage building.



GASTONIA OFFICE

Directions from I-85

Take exit 20 (New Hope Rd. south-bound) toward Gastonia
Cross over Franklin Blvd. (Hwy. 29) until you reach E. Garrison Blvd.
Make a right on E. Garrison.
The Charlotte Endodontics office will be on your left past the First Presbyterian Church.

Directions from Franklin Blvd. (Hwy. 29)

Take S. New Hope Rd. until you reach E. Garrison.
Make a right on E. Garrison.
The Charlotte Endodontics office will be on your left past the First Presbyterian Church.

