



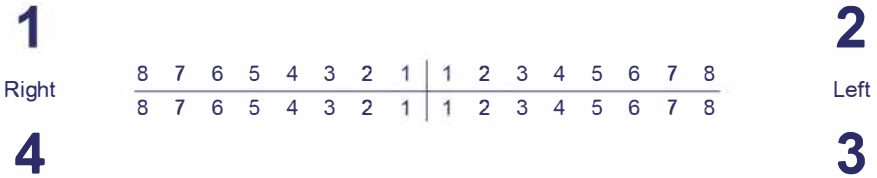
60 Bloor Street West
 Suite 409
 Toronto, Ontario
 M4W 3B8

- Dr. Irwin Golosky B.Sc., D.D.S., Cert. Endo.
- Dr. Aaron Fox B.Sc., D.D.S., M.Sc., FRCD(C)

Tel: 416 925 7666 | Fax: 416 792 0890 | email: info@baybloorendo.com

This is to introduce _____

for endodontic evaluation of:



Reason for referral:

Patient has been informed that:

- non surgical root canal therapy required
- surgical root canal therapy required
- re-treatment of previous root canal therapy required
- emergency treatment will be required

I have prescribed the following medications:

Antibiotic _____

Analgesic _____

Anti-inflammatory _____

Patient would be interested in:

- Nitrous oxide
- Oral sedation
- IV sedation
- General anaesthesia

Crown/Bridge is cemented

- Temporarily
- Permanently

Need for full coverage discussed

- Yes
- No

Post space required

- Yes
- No

Please contact me personally

SIGNED DR _____ Date _____